R.N.

A JOURNAL FOR NURSES

JULY 1957

WHILE YOU WERE OUT

TO: Dr. Norton **TIME:** 9:10 a.m.

TELEPHONED	X	PLEASE CALL HIM	
CALLED TO SEE YOU		WILL CALL AGAIN	
WANTED TO SEE YOU		RUSH	

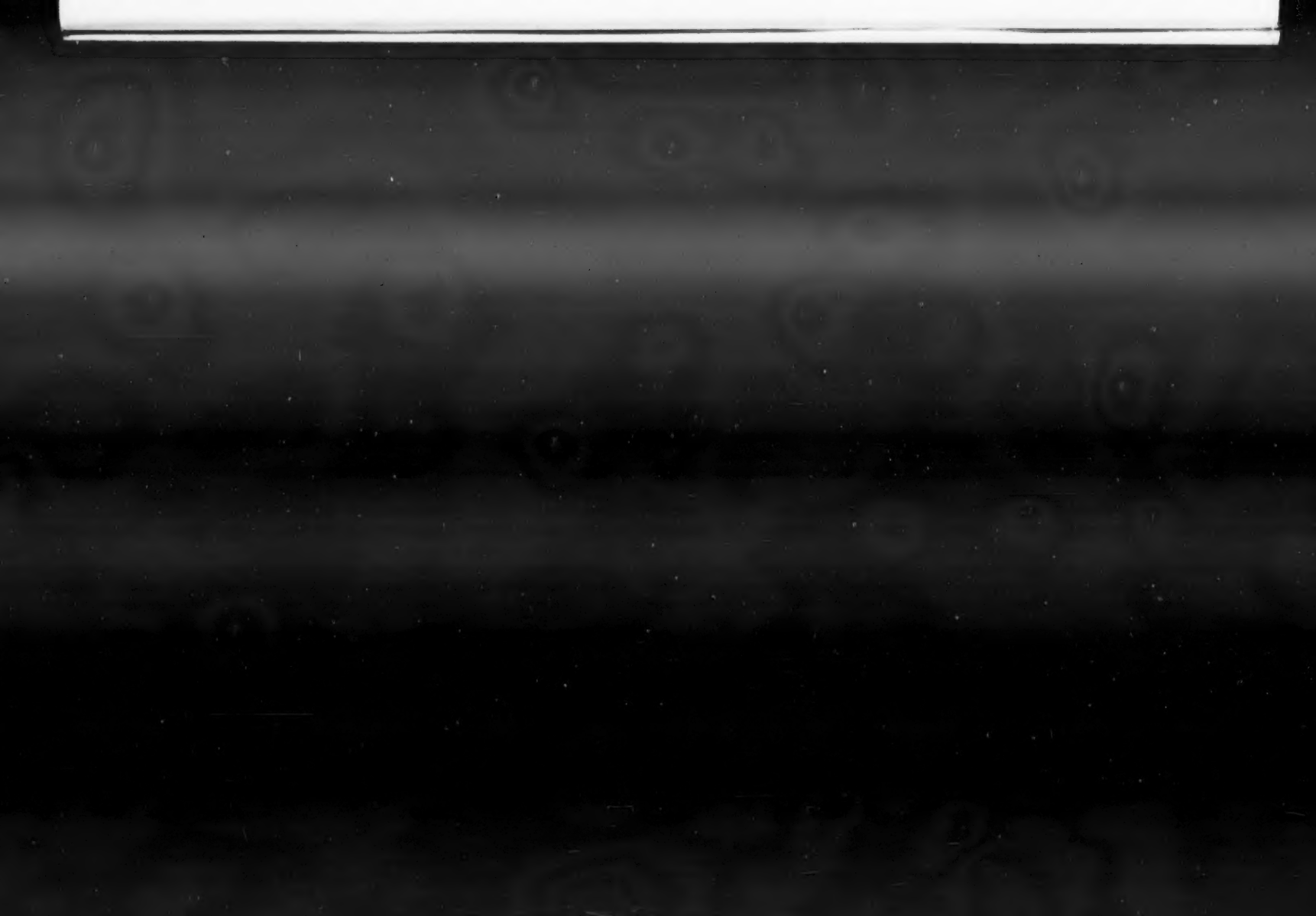
MESSAGE: Mrs. Amadeo phoned that the prescription actually seems to irritate her little boy's ivy poisoning. He may be sensitive to the local anesthetic, so I played it safe and suggested she use Calmitol until you returned.

B.N.

I called Mrs. Amadeo last night after hours. Calmitol appears to relieve the itching without complications and I told her to continue it. How is our office supply of Calmitol?

E.C.N.

✻ Calmitol® is the non-sensitizing antipruritic ointment supplied in 1½-oz. tubes and 1-lb. jars, and (liquid) 2-oz. bottles by THOS. LEEMING & CO., INC., 155 East 44th St., New York 17. *Write for samples.*



R.N. A JOURNAL FOR NURSES

JULY

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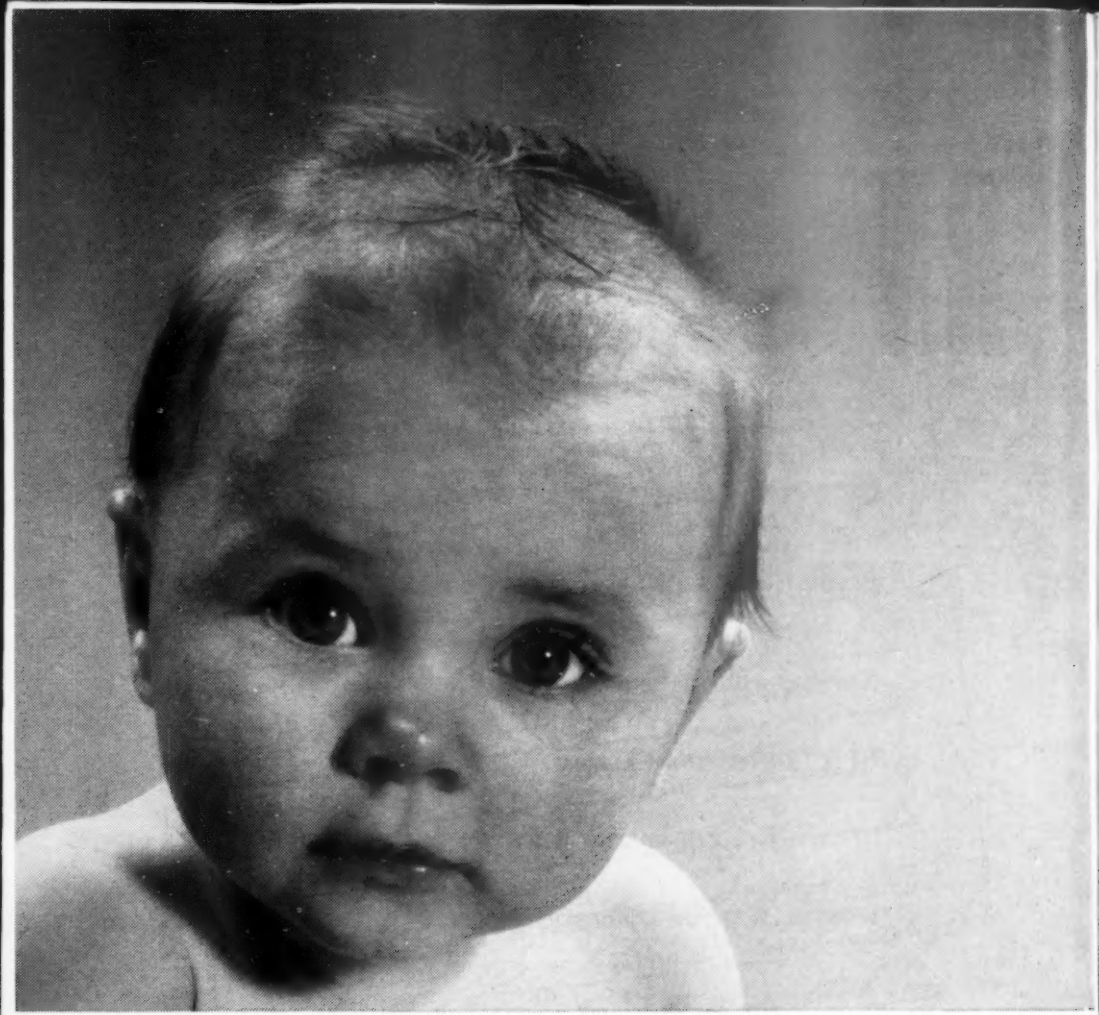
R.N. July 1957, Vol. 20, No. 7. Published monthly by The Nightingale Press, Inc. Oradell, New Jersey. Subscription $2 a year; 25c a copy; Canada and foreign countries $3 a year; address: R.N., Rutherford New Jersey. Entered as second class matter, Nov. 20, 1951, at the post office at Rutherford, N.J. under the act of March 3, 1879. Copyright 1957 by The Nightingale Press, Incorporated. All rights reserved under Universal and Pan-American Copyright Conventions.

BPA
NBP



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His determination is vigorous, his methods direct,
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but his charm is limitless. His household is efficiently organized
to conform to his schedule and comply with his every request.
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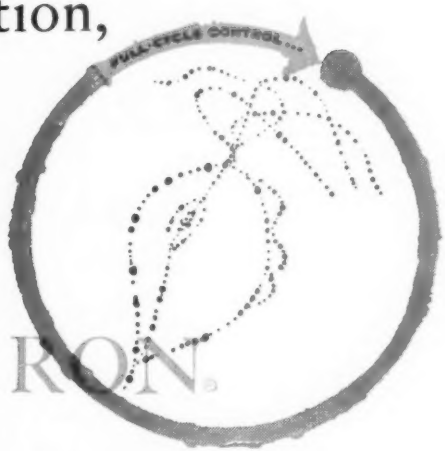
Even stubborn trichomoniasis yields...

because Tricofuron is effective during menstruation, the critical time for therapy.



TRICOFURON®

Recurrences of trichomoniasis "are most likely to follow the menstrual period."[1]

"Over and over again today patients are seen with what is said to be an intractable, treatment-resistant Trichomonas infestation, but history-taking often reveals that such patients have never had treatment prescribed during any menstrual period."[2]

Menstrual blood in the vagina "forms an excellent medium for the rapid multiplication of T. vaginalis"[3] and "lowers the acidity of the vagina and hence there is a tendency to recrudescence [of trichomoniasis] at that time."[4]

Tricofuron is powerfully trichomonacidal "even in the presence of vaginal debris and menstrual blood."[3]

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References: 1. Bernstine, J. B., and Rakoff, A. E.: Vaginal Infections, Infestations and Discharges, New York, The Blakiston Company, Inc., 1953, p. 235. 2. Overstreet, E. W.: Arizona M. 10:383, 1953. 3. Schwartz, J.: Obst. Gyn., N.Y. 7:312, 1956. 4. Crossen, R. J.: Diseases of Women, St. Louis, The C. V. Mosby Company, 1953, p. 292.

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THE COVER

There's a diversity of racial and cultural backgrounds among the students at Queen's Hospital School of Nursing, Honolulu, Hawaii. Coming from the islands in the territory, they include Americans of Japanese, Chinese, Korean, Hawaiian, Filipino, and other descents. Established in 1916, the school of nursing was the first in the territory. Some 838 women have been graduated since the first class of ten students. Current enrollment is 130, including men students first admitted in 1956. Queen Liliuokalani, the last ruler of the Royal Hawaiian Kingdom, designed the school's pin. Her personal motto, "Onipaa," meaning "steadfast," is featured against a background of purple and gold, Hawaii's colors. The school's song, "Ka-lele-o-na-lani," was originally a greeting sung to Queen Emma on one of her visits to the island of Kauai. It is for her that Queen's Hospital is named. With her husband, King Kamehameba IV, she was instrumental in its founding in 1860. The school offers a diploma program and is fully accredited by the National League for Nursing. «»

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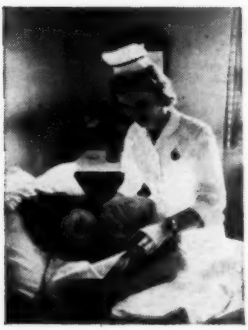

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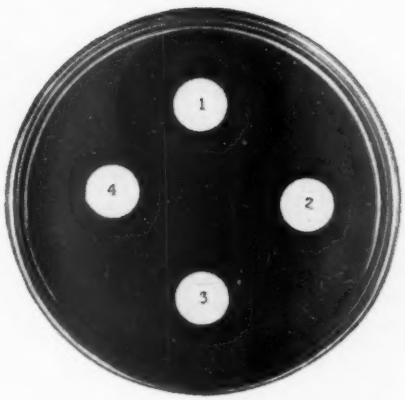
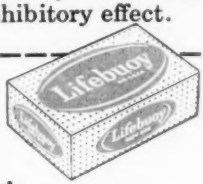
For a full report on the medical significance of TMTD-Lifebuoy, and a free full-size sample cake, mail in the coupon below.



Staphylococci. A comparison of 3 germicidal soaps and a control soap in inhibiting growth of Micrococcus pyogenes var. aureus on a nutrient agar plate. 1. 1% TMTD-Lifebuoy—large marked zone of inhibition. 2. 2% hexachlorophene soap—little inhibitory effect. 3. 2% Bithionol soap—little inhibitory effect. 4. Control soap—no inhibitory effect.



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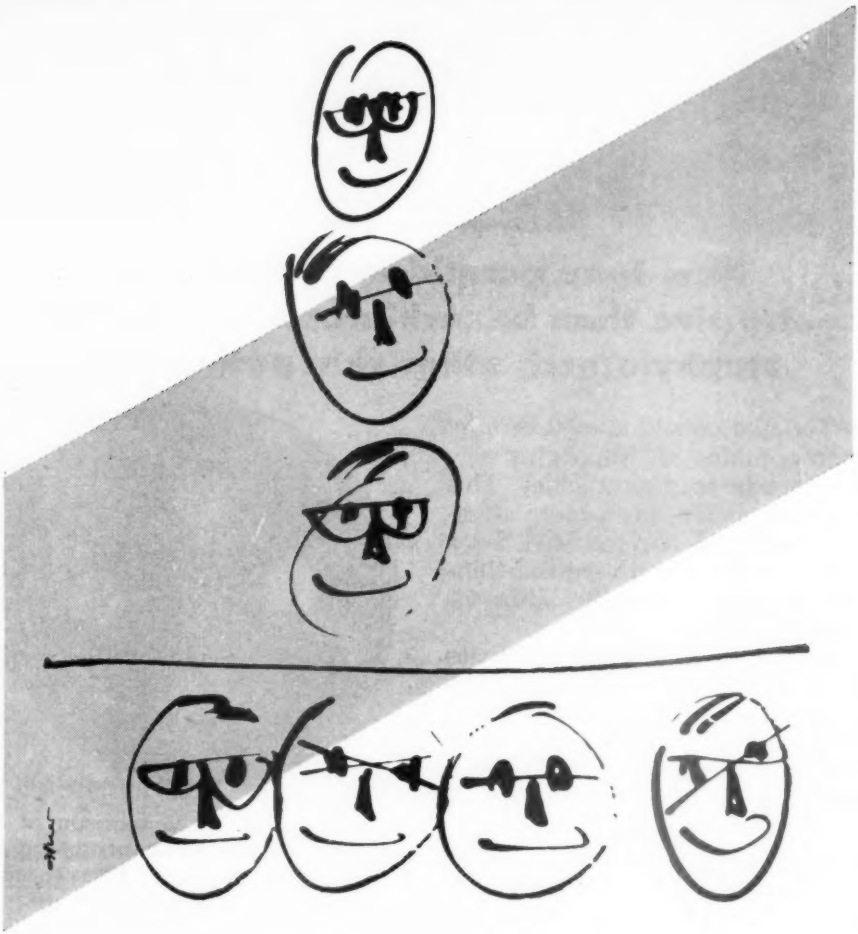

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LETTERS

RECOVERY ROOMS

Dear Editor:

I more than appreciated your fine article, "Progress Report on Recovery Rooms," in the April issue. Having worked in the recovery rooms of both civilian and Army hospitals, I can vouch for the fact that these rooms help save lives.

I believe that every hospital should have a recovery room. The dangers overcome and the lives saved certainly compensate for the expense of the set-up.

Surgical nurses are very grateful for the necessary equipment which is concentrated in this area for quick and easy use. In addition, it results in a higher morale among members of the surgical staff.

ARNE MELVIN DAHLSTEN, R.N.
ANGWIN, CALIF.

"LITTLE LADY IN WHITE"

Dear Editor:

Thank you for the fine article about Miss S. Lillian Clayton which appeared in the May issue.

I am grateful for the guidance she gave me as both a student and graduate nurse. We who knew her shall always remember her devotion to the care of the ill and her teaching of the art of good nursing.

We would appreciate permission to reprint the article in our *Bulletin*.

JOSEPHINE C. SPENGLER, R.N.
PHILADELPHIA GENERAL HOSPITAL
PHILADELPHIA, PA.

LAURELS

Dear Editor:

Congratulations on your many years of good service to the profession. It has been wonderful to see R.N. expand.

HENRIETTE WILTZIUS, R.N.
SAN DIEGO, CALIF.

OPERATING ROOM NURSES

Dear Editor:

Thank you for your excellent April editorial on the birth of the AORN. The large attendance at the congress showed how interested we all are in having the association. Through it, we can stay up-to-date on new developments and exchange our ideas.

The ANA could have had an ex-

cellent section in its organization. I myself am a member of the AORN and not the ANA.

BEATRICE COLEMAN, R.N.
MASSAPEQUA PARK, N.Y.

* * *

Dear Editor:

I read your editorial concerning the AORN with both interest and chagrin. I can't believe that another professional association will solve any of the problems of a profession which is already top-heavy with organization.

The strength of an organization depends on its individual members. Do we really support our professional organizations? Do we speak up at meetings? Or do we remain silent and complain afterward about the decisions which were made? Are we content to let boards of directors make weighty decisions which should have been made by us?

Nursing might do well to remember the old maxim: "United we stand, divided we fall."

Instead of concentrating on our organizational differences, we might profit by concentrating on our common interests and goals.

SIGNE S. COOPER, R.N.
MADISON, WIS.

* * *

Dear Editor:

Your April issue should bring a letter from every OR nurse who reads it. Your editorial really hit home. Also fifteen cheers for Edith Dee Hall. I hope to be a member of the AORN soon. [MORE]

Shortly after my graduation I started working in the operating room. A year ago I transferred to recovery room work. Your articles on postanesthesia units were great. Don't ever stop publishing *our* magazine!

JUDY A. GRAVES, R.N.
NYE, MONT.

SCHOOL NURSES-AIDES

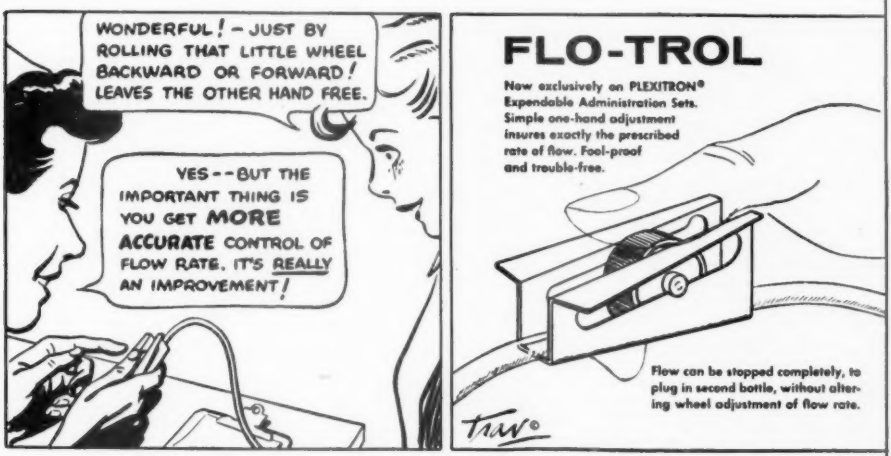
Dear Editor:

In reference to your May articles about "nurse-aides" in schools: Educators recognize the necessity of a nurse as a part of the school faculty. Surely, no one else has the education or the background to carry out her duties.

I view with serious concern the "nurse-aide" program as it's now being instituted in some of our schools. Now that all professions stress additional education, a "nurse-aide" program is an absolute contradiction.

In addition, I can't understand how a professional nurse can accept a position defined as "nurse-aide."

Though school faculties may not know the school-nurse qualifications which are recommended by nursing organizations, they do have ready access to the *School Nurse Guide* which has been developed by the American School Health Association. This guide definitely states the necessary nurse qualifications recommended by boards of education. [MORE]



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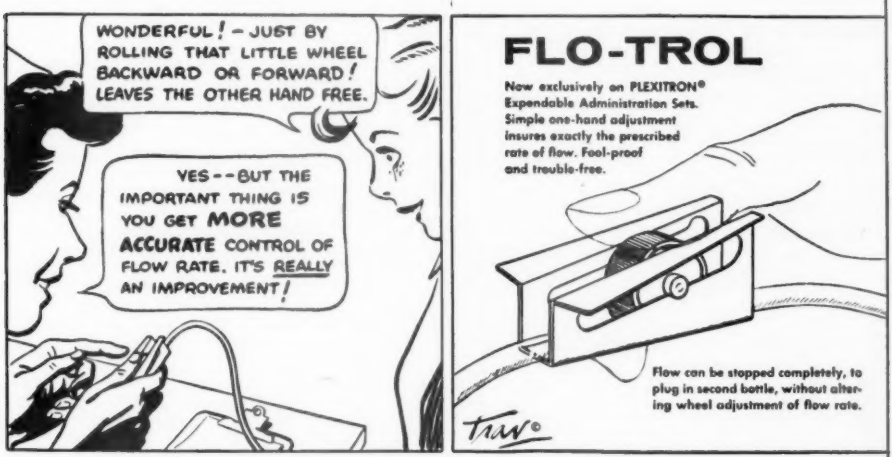

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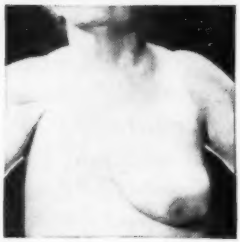

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.....R.N.

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RN

Because of a certain complacency that comes when a temporary makeshift arrangement seems to be going well, the makeshift often becomes a permanent policy. This, in the case of the "nurse-aides" in schools, can represent a great danger.

IRMA B. FRICKE, R.N.
EVANSTON, ILL.

[*Miss Fricke is chairman of the School Nurse Committee of the American School Health Association.*—THE EDITORS]

FOR TEEN-AGERS, TOO

Dear Editor:

I send my copies of R.N. to the local high school. I'm sure that the magazine helps to arouse nursing interest among the students.

SUE K. NICKERSON, R.N.
BALTIMORE, MD.

DEFENSE OF L.P.N.'S

Dear Editor:

There was a training program for L.P.N.'s in the hospital where I worked before my recent retirement. We had an excellent curriculum for them and many were fine nurses. They were taught to give medicines, treatments, and bedside care but they did all these procedures under supervision.

It's an R.N.'s fault when L.P.N.'s assume duties which haven't been relegated to them. How many times has an R.N. gone off duty and left an L.P.N. in charge?

It's time for professional nurses

In deference to her daintiness . . .

- Massengill Powder is buffered to *maintain** an acid condition in the vaginal mucosa. It is more effective than vinegar and simple acid douches.
- Massengill Powder has a low surface tension which enables it to penetrate into and cleanse the folds of the vaginal mucosa.
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- Massengill Powder solutions are easy to prepare. They are nonstaining, mildly astringent.

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indications:

Massengill Powder solutions are a valuable adjunct in the management of monilia, trichomonas, staphylococcus, and streptococcus infections of the vaginal tract. Routine douching with Massengill Powder solution minimizes subjective discomfort and maintains a state of cleanliness and normal acidity without interfering with specific treatment.

*In a recent clinical report, ambulatory patients —with an alkaline vaginal mucosa resulting from pathogens—maintained an acid vaginal mucosa of pH 3.5 for 4 to 6 hours after douching with Massengill Powder; recumbent patients maintained a satisfactory acid condition up to 24 hours.

*Arnot, P. H.: West. J. Surg., Obs., and Gyn. 62:85

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to consider L.P.N.'s as assistants. We expect doctors to give us credit for being their right hand. Why can't R.N.'s give L.P.N.'s the same credit?

MARY C. LOWE, R.N.
ASSONET, MASS.

GIVES INSIGHT

Dear Editor:

Each month your magazine provides enjoyable and stimulating reading. Your editorials are direct and factual, showing a knowledge of nursing as it is practiced. The application of the fine suggestions offered in R.N. help me every day in my nursing problems.

DOROTHY A. ROMER, R.N.
MINNEAPOLIS, MINN.

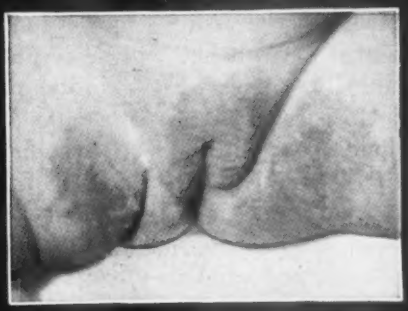
A SOLUTION?

Dear Editor:

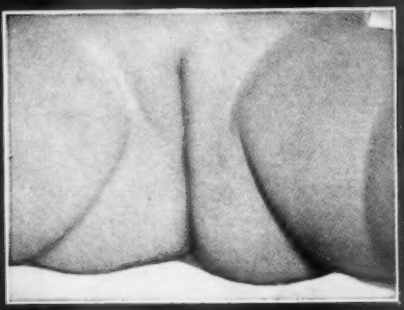
R.N.'s sensitivity to and concern for the profession encouraged me to set down some of my suggestions for solving the registered nurse's plight.

Most nurses are so very adaptable that they are likely to be run to death. No other single group of hospital employees has to be so versatile. In the interest of balancing the budget, the R.N. is expected to do the impossible. This didn't come about as a result of the nursing shortage. Instead, the shortage came about as a result of this condition.

The R.N. can do the job she wants, or the job for which she



Aug. 25. A typical case of diaper rash, characterized by excoriation and soreness.



Sept. 1. After only one week of local applications with White's Vitamin A & D Ointment each time diaper was changed, the skin surface is normal.

it's becoming routine therapy

particularly in

prevention and treatment of diaper rash

and in many other common skin conditions: burns, cuts, sunburn, chafing, prickly heat, chapping, cracked nipples

White's Vitamin A & D Ointment

it's healing...soothing...protective.

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ECONOMICAL 4 OZ. SIZE
HANDY FOR EMERGENCIES
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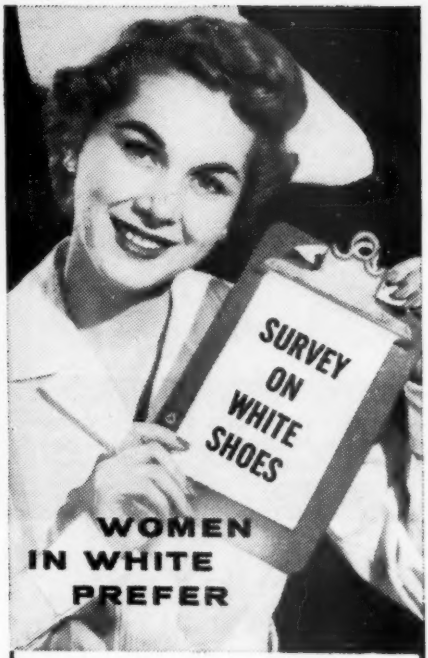

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LANOL-WHITE
over all other white shoe cleaners...

More nurses prefer and use Lanol-White than the next 3 brands combined. That's what a recent survey in a leading nursing magazine* revealed. Nurses *like* the way Lanol-White removes dirt completely, makes shoes whiter than new, stays on longer . . . the way it helps keep their shoes kitten-soft, too.

Only 25¢ In bottles and in tubes.

*Name on request.

by the makers of Esquire Boot Polish

was trained, only if and when: There's a sensible limit set by law (if this is necessary) on the number of patients she will be responsible for; then we'll see total patient care done as it should be done. Also: nurses' work specifications should be precise and binding, not only for the nurse and what she can do, but also for employers and what they can ask the R.N. to do. Then nurses would no longer have to be janitors, clerks, and telephone operators at the first hint of extenuating circumstances.

EDNA P. DAVIS, R.N.
EL PASO, TEX.

"WHEN FIRE STRIKES"

Dear Editor:

Thank you for the fresh simplified approach to the problem of evacuation and first aid in fire fighting as it was presented in your April issue.

Your article would be an excellent source of information for the basis of a short course we are planning for the personnel of a new hospital here. Kindly send me information regarding reprints as I would like to distribute them to those who take the course.

J. M. NELLIS, CHIEF
ARCADIA FIRE DEPARTMENT
ARCADIA, CALIF.

* * *

Dear Editor:

Please send us four additional copies of your April issue. We want to use the pictures from the fire-

A superior new non-inflammatory glove powder

by SEAMLESS

Seamless—the world's foremost maker of surgical rubber gloves—announces a new, biologically absorbable dusting powder.

EZON has been specifically developed to improve on all present surgical glove powders. Specially formulated from micropulverized, uniformly modified starch to provide superior lubrication, **EZON** minimizes foreign body reactions and thus, the danger of adhesions.

EZON is the new, preferred dusting powder for conditioning all surgical gloves. It is especially recommended for Brown Milled, 'Crest' and 'Limber-Latex' Surgeons' Gloves by Seamless—gloves that are *first* in hospital specification because they are *first* in performance. For samples, write Dept. E on your hospital stationery.

SUPPLIED: **EZON** Dusting Powder—in packets of 1½ grams, 288 per dispenser carton, and in five-pound bulk cans.

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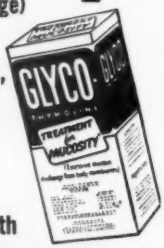
THE SEAMLESS RUBBER COMPANY

NEW HAVEN 3, CONN., U. S. A.

Treatment for mucosity*

*(excessive mucus discharge)

Mucosity often causes:
CATARRH, "BAD BREATH"
"DENTURE ODOR"
POST-NASAL DRIP
GENITAL DISTRESS
and may be controlled with



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an alkaline cleansing solution for soothing mucous membranes

When excessive, sticky, mucus secretions harass the Oral or Genital passages, a rinse, spray or douche with soothing Glyco-Thymoline helps amazingly. Glyco-Thymoline does not contain non-proved germicidal agents. It works differently:

1. It removes germ-laden mucus secretions.
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4. It neutralizes acidity with an alkalinity quotient of pH 7.2 plus.
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That's why leading physicians, including eminent Rhinologists and Gynecologists, recommend Glyco-Thymoline so highly for "mucosity" (abnormal, excessive mucus secretions). You too can recommend Glyco-Thymoline freely with complete confidence. Pleasant, deodorizing, refreshing, Glyco-Thymoline is available at your local drug stores without a prescription. Suggest the large economy size to your patient.

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Gentlemen: Please send me (free) sample of Glyco-Thymoline
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fighting article for procedure books on disaster planning.

GRACE PICKELL, R.N.
GRIM-SMITH HOSPITAL & CLINIC
KIRKSVILLE, MO.

CAN YOU HELP?

Dear Editor:

I've enjoyed every copy of R.N. for the past three years. It keeps me informed on the latest developments in my profession.

During my trip to Israel, I visited many schools of nursing and I noted that there was a shortage of nursing literature. Since then, I've been sending my copies of R.N. and other nursing magazines to a nursing school in that country.

As the need is very great, would other nurses be willing to send their nursing periodicals to Israel? If so, please mail them to Mrs. E. Margalit, Principal, Henrietta Szold Hadassah School of Nursing, P. O. Box 499, Jerusalem, Israel.

EVELYN TOCH, R.N.
CHICAGO, ILL.

REFRESHER COURSE

Dear Editor:

An announcement in a newspaper about a six-week refresher course in nursing prompted me to take the classes after a seventeen-year absence from my profession.

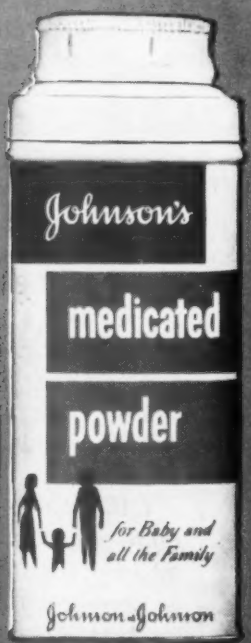
At a local hospital where the course was given, the program was well planned and the informal atmosphere of the classes put me at ease. Both the staff and patients

reinforce your general nursing care

of all your patients susceptible to: diaper rash, urine scald, intertrigo, chafing, maceration, heat rash and minor skin irritations

PREVENTS AND RELIEVES SKIN DISCOMFORTS AIDS HEALING

NEW!



- **antibacterial action*** combats infection
- **anti-urease action** inhibits ammonia formation
- **superior absorption** keeps skin cool and dry

JOHNSON'S MEDICATED POWDER is ideal for sensitive skin—completely safe for babies and children. Try it yourself. Its cooling action promptly relieves tired, burning feet. Provides deodorizing action, too.

*Contains hexachlorophene 0.25 per cent and para-chloro-meta-xylenol 0.25 per cent.

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modern woman's way
to internal cleanliness

Far more effective than any homemade solution, yet safe for delicate tissues— Zonite for the douche!

Today, thanks to nurses' recommendations, many women are discovering an intimate "clean feeling" they've never known before. They are discovering Zonite—the modern woman's way to internal cleanliness.

Zonite is a *proven* antiseptic, based on the trusted Dakin's solution you know so well . . . far more effective than homemade douches. In fact, Zonite is the one effective liquid specially made for feminine hygiene.

Recommend this modern woman's way to internal cleanliness. For a *free* professional sample of Zonite, write Dept. RN-77, Zonite Division, Mountain View, N. J.

Zonite®
Personal Antiseptic

Guaranteed by Good Housekeeping

showed enthusiasm for this program and gave us a warm welcome.

After finishing the course, I decided to work on a part-time basis. This precipitated some drastic changes in my family's home life but most of these wrinkles have been worked out. I find my nursing both challenging and enjoyable.

DORIS S. RESTALL, R.N.
LANCASTER, N.Y.

* * *

Dear Editor:

After a ten-year absence from nursing, I took a six-week refresher course given at the Women's Hospital in this city.

This course was given to us without charge. We progressed from simply giving medicines and treatments under supervision to a day or two in the operating and delivery rooms. In the process, we also learned about newer trends that are developing in the profession.

We didn't have to plan on working at the hospital after completing the course. I accepted a position as a nurse in a department store. Without the reassurance that this course gave me, I don't believe that I would have stayed in my profession.

I think that the Women's Hospital should certainly be commended for bringing nurses, such as myself, into active professional work again.

MARGARET HARRY, R.N.
BALTIMORE, MD.

D&G SURGILAR®

Sterile Pack Surgical Gut

Standard Lengths • ATRAUMATIC® Needles

No more glass tubes to break

SURGILAR envelopes end the broken glass hazard . . . no more nicked sutures or glass slivers . . . no punctured gloves . . . no glass in laundry . . . nonirritating tubing solution— all ensure better patient care.[1]

No more reels to unwind

Just slip out the coil . . . and it's ready! SURGILAR saves you 33⅓% preparation time . . . eliminates reel kinks and weak spots . . . gives surgeons stronger, more flexible sutures . . . protects needle points and cutting edges better.[1]

SURGILAR sharply reduces suture damage and waste . . . stores in *half* the space . . . *costs no more than gut in tubes.*[1]

MORE THAN 1,500 HOSPITALS HAVE ALREADY SWITCHED TO SURGILAR

NEW! Spiral Wound Gut now available in SURGILAR pack!

Write for new product catalog. 1. Alexander, Edythe L.: Mod. Hosp., May, 1957.

SURGICAL PRODUCTS DIVISION, AMERICAN CYANAMID COMPANY, DANBURY, CONNECTICUT

CYANAMID PRODUCERS OF DAVIS & GECK SUTURES

1907 1957

to help children
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regularity

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PALATABLE

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Clinical studies prove that phenolphthalein, the active ingredient of Ex-Lax, is especially suitable for the relief of constipation in children.[1] It acts gently, overnight . . ."in the morning produces a stool very much like normal"[2]. . . continues to act as a "mild aperient for several days,"[3] lessening need for frequent medication. No "adverse effects, such as tissue irritation, toxic symptoms or interference with the normal physiological functions"[4] were observed by isotope research.

1. S. Ditkowsky, F. Steigmann: Phenolphthalein in Childhood. Jour. Ped., Aug. 1954; 45:169.
2. H. Beckman: Treatment in General Practice. W. B. Saunders Co., 1946; p. 478.
3. A. Grollman: Pharmacology and Therapeutics. Lea & Febiger, 1954; p. 391.
4. W. J. Visek, W. C. Liu, L. J. Roth: Studies on the Fate of Carbon-14 Labeled Phenolphthalein. Jour. Pharmacol. and Exp. Therapeutics, July 1956; 117:347.

MAKE THIS TEST—Smooth Z.B.T. Baby Powder on your hand. Then sprinkle with water. Note how water rolls off! Z.B.T. moisture-proofs skin, gives baby extra protection.

. . . that Z.B.T. Moisture-Proofs Baby's Skin

YES, because Z.B.T. Baby Powder with Olive Oil actually sheds moisture, it moisture-proofs baby's skin against irritating acid-moisture of wet diapers and perspiration. Soothes like powder, protects like oil. Guards against painful chafing, prickly heat, urine scald and diaper rash. Keeps skin dry and comfortable. Use Z.B.T. Baby Powder after bathing, at every diaper change.

Z.B.T. BABY POWDER WITH OLIVE OIL HAS BEEN USED IN OVER 1700 HOSPITALS

NOTE: Z.B.T. does not contain zinc stearate or boric acid.

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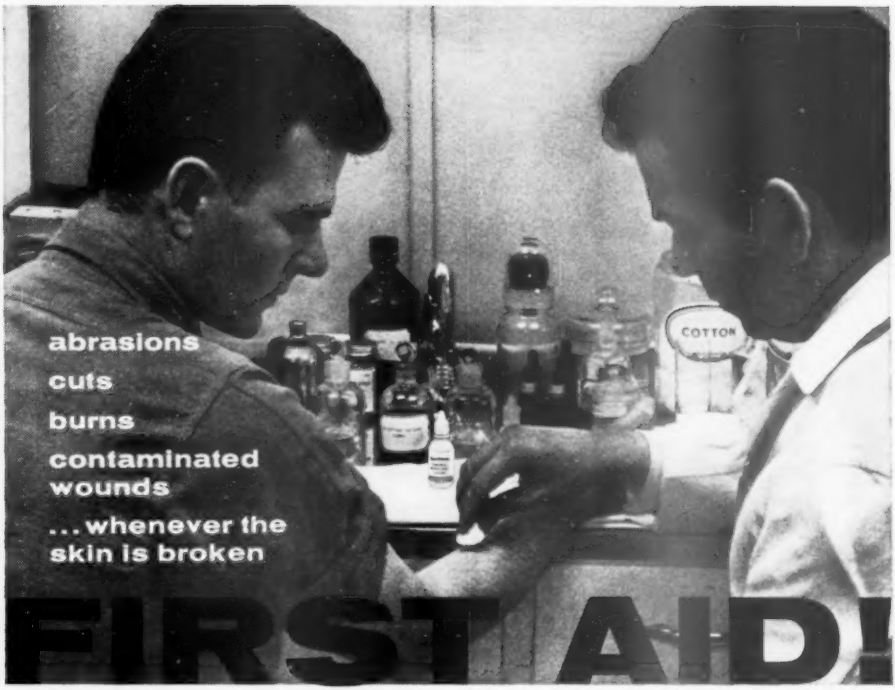

use the topical antibacterial
that really gets to the site of the infection

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SQUIBB ANTIBIOTIC LOTION

½ oz. plastic squeeze bottles
Also Available: Spectrocin Ointment, ½ and 1 oz. tubes.

Smooth, free-flowing, penetrating Spectrocin Lotion contains 2.5 mg. of neomycin and 0.25 mg. of gramicidin per cc. in a white, aqueous suspension. To reduce the possibility of local irritation, Spectrocin Lotion is free from lanolin.

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- nonirritating, nonstaining
- antibacterials are readily released
- imparts a velvety, nongreasy feeling to the skin

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Squibb Quality—the Priceless Ingredient

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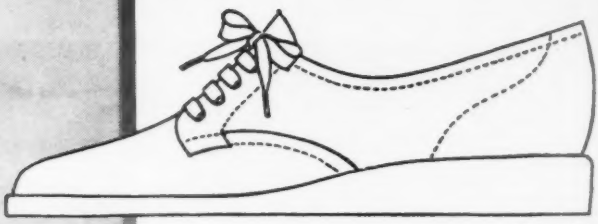

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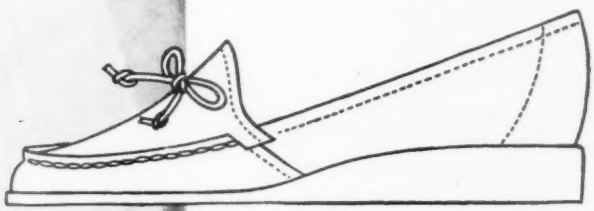
Designed for the girl who

Takes Professional Pride in Looking Pretty

Crisply correct . . . but with just the right air of pretty fashion. That's why you'll *love* Red Cross Professional Shoes. Such smart, young-looking styles . . . and all with the softest, most luxurious fit that ever cushioned your busy feet. See them, now, at your Red Cross Shoe retailer's.



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America's Smartest Selection of Modern Duty Shoes . . . Most Styles 9^{95}

Red Cross PROFESSIONAL Shoes

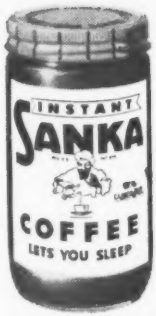
The United States Shoe Corporation, Cincinnati 7, Ohio

THIS PRODUCT HAS NO CONNECTION WHATEVER WITH THE AMERICAN NATIONAL RED CROSS

HE'S OFF CAFFEIN . . .

but he still enjoys his coffee as much as ever!

Hearty . . . robust . . . full *man*-sized flavor! That's *new* Instant Sanka Coffee. No matter how much coffee your patients like to drink . . . Instant Sanka can't get on their nerves or keep them awake. All pure coffee. 97% caffein-free.



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VITERRA®

His recovery will never be complete until depleted nutritional reserves are restored. That's why your last-minute reminder about VITERRA is so important. This complete formula quickly replaces 10 important vitamins and 11 minerals—speeds convalescence and helps prevent relapse.

Now VITERRA is available in 3 forms: for daily supplementation, VITERRA. Tastiest way to take vitamins and minerals, VITERRA TASTITABS®, ideal for children. For higher potencies, VITERRA THERAPEUTIC, capsules.

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PEACE of mind ATARAX®

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SUPPOSITORIES
with *cod liver oil*

assure such GRATIFYING SUSTAINED COMFORT for your PROCTOLOGIC PATIENTS

DESITIN SUPPOSITORIES

- **soothe**
- **protect**
- **lubricate**
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- **decongest**
- **aid healing**

(by means of Norwegian cod liver oil, rich in vitamins A & D and unsaturated fatty acids)

Contain no styptics, local anesthetics, or narcotics and therefore do not mask serious rectal disease. In boxes of 12.

WHY NOT WRITE FOR SAMPLES

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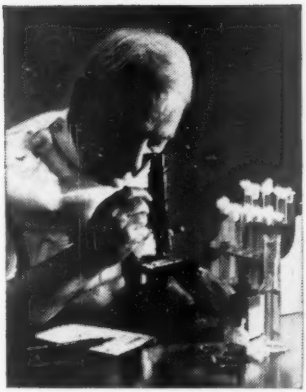
ITS SUPERIORITY IS OBVIOUS



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PROVIDES EFFECTIVE TREATMENT OF MINOR DERMAL DISORDERS – AIDS IN PREVENTING:

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As a skin "first aid" HOLLANDEX OINTMENT with Vitamins A and D (as contained in natural Cod Liver Oil) helps promote skin healing. To further fortify and assure aid in healing tender skin surfaces by helping to prevent infections, HOLLANDEX contains a mild non-irritating but effective antiseptic . . . Hexachlorophene. An outstanding characteristic of this smooth, creamy, water repellent ointment is its unique property of providing an imperceptible protective film over the skin. This is of material benefit in providing a barrier between the skin and outside irritants. The specially formulated, deep penetrating base containing improved lanolin aids in lubricating and relieving certain conditions marked by abnormal skin dryness. » » **If you want a protective and therapeutic ointment that will soothe and accelerate skin healing recommend and rely on . . .**

SILICONE Hollandex ointment

Not a cosmetic but a medicated ointment

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Prediction for "Nurses for a Growing Nation"

Quantitatively speaking, the third biennial convention of the National League for Nursing, held May 6-10 in Chicago, fell far short of the anticipated 7,500 attendance; but qualitatively, the convention program provided a bill of fare that should have satisfied the varied tastes of all who did attend.

For many of us who have patiently (and often impatiently) tried to peer through the impenetrable fog of nursing education's uncertainties, inconsistencies, and equivocations, this five-day meeting was like an illuminating beacon directing its clarifying light on the professional road ahead. In NLN's brochure, "Nurses for a Growing Nation," nursing has been presented with a reasonably realistic road map prepared by a professionally mature Committee on the Future.

As diversified as imaginative planning could make it, the biennial program, as R.N.'s editor saw it, had essentially one dominant *idée-force:* the presentation and consideration of the NLN's forecast of the future.

This projection into nursing's future may have been too statistically heavy for easy assimilation at the convention; but every nurse who has ever wondered or argued heatedly about where nursing is going should seriously read and discuss this study.

It would appear, and this study offers concrete

evidence of it, that our professional prognosticators have gained much in foresight over the past decade, for the launching platform for these predictions seems to be on much firmer ground than when the forecasts for 1960 were projected.

Forecasts predicated on what the expected population growth will mean to professional nursing over the next fifteen years were arrived at, according to the committee chairman, "by studying past trends, by examining present supply, and by relating the findings to reasoned future demands and goals."

The completion of this first phase of a broader study not only provides the profession with estimates of future service and education needs, but the committee members also came to grips with such questions as "Does basic education for nursing prepare nurses for the responsibilities they carry?" "Why is more than one type of professional nursing education prevalent?"; as a consequence, they actually drafted the first published statement on the job responsibilities for which the various basic nursing programs prepare students.

No one really has the inside information on how many nurses will be needed in 1970; but every patient, nurse, doctor, and hospital administrator knows that more than

continued on page 80

Notable from the NLN

NURSING EDUCATION

On the preparation of nurses for leadership: The quality of leadership in a school or service area, more than any other factor, determines the effectiveness of students' education and services nurses render . . . Pre-service, in-service, supplementary and graduate programs must be employed to remove the deficiencies in our leadership know-how.

—Sister Charles Marie

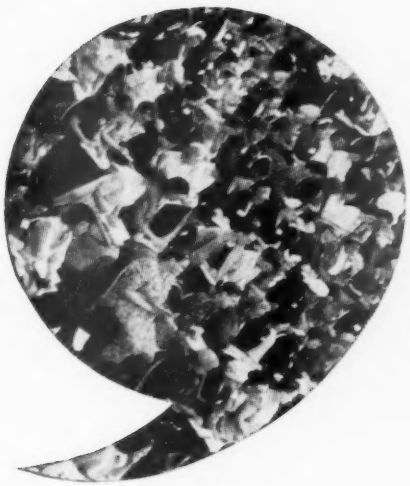
On upgrading of nursing education: Management is a skill for which most professions do not train, yet if we are to use to their full effectiveness the skills of all the people in a work situation and to use the institutional enterprise successfully, practitioners must learn to be administrators. The physician is trained to take care of patients, not to operate a hospital. Nurses are prepared to take care of patients but nearly all of them now are being thrust into positions of managers instead of doers.

—John S. Millis, Ph.D.

On evaluating the graduates of associate degree programs: The criterion most frequently used by the employer for evaluating the associate degree graduate is the graduate of the three-year hospital program. Inasmuch as the two programs are different in philosophy and operation, we would expect the graduate of the associate degree program to be different and to exhibit areas of interest and competency in keeping with the program and its purposes and objectives.

Quotes

Convention



We would expect the standard of evaluation to evolve out of the program's purposes and objectives.

The basic problem, as we see it, is that the graduate of the program is prepared to do nursing and not to do non-nursing. These graduates are comfortable in the role of bedside nurse . . . The task which lies before us is to help make it possible for these graduates to implement and carry out the purpose for which the program was originally established.

—Ella V. Stonsby, R.N., M.A.

* * *

NURSING RESEARCH

On research methods: When the kind of assistance provided practitioners enables them to be relatively scientific and objective in their approach, they are engaging in a type of self-improvement research. This is called action research and represents inquiry engaged in by practitioners in order for them to improve their own practices.

—Stephen M. Corey, Ph.D.

On evaluation methods: Nursing has long been concerned with how the nurse produces, as evidenced by step-by-step analysis and teaching of procedures, and in rating performance in terms of technical skills. More recently we have included the nurse's relationships with patients and, in some instances, made such excellent progress in recognizing the importance of . . . patients' safety, welfare, and comfort that we have forgotten that these are standards which the public willingly entrusts to us; and we have failed to recognize that we must include patients in evalu-

ating worker performance if we are to truly measure the quality of the product.

—Rena E. Boyle, R.N., Ph.D.

On action research: The purpose of this [USPHS two-year study on sixty general hospitals] was two-fold: 1) to test the hypothesis, There is no relationship between hours of nursing care and the number of omissions in nursing care reported by patients and personnel; 2) to help hospitals improve their patient care through better understanding of the patients' needs as expressed by patients and personnel.

Findings show that while the amount of total nursing hours provided per patient each day does not affect the amount of patient satisfaction with nursing care, the amount of professional nursing care provided does have a strong positive influence on satisfaction...

Some implications of the study are: 1) The patient wants and is demanding more professional nursing time. The nurse, too, wants to be with the patient; 2) Total nursing hours, where a high proportion is non-professional, have little relationship to the level of patient satisfaction.

—Faye G. Abdellah, R.N., Ed.D.

* * *

PUBLIC HEALTH

On long-term illness: In addition to nursing skills, the public health nurse needs to develop mature professional attitudes towards situations accompanying long term illness, broad knowledge of preventative aspects of the disease, rehabilitative skills, and a knowledge of community resources.

—Abbie I. Watson, R.N., M.S.

On home care programs: Since 90 per cent of all disabled people are not in hospitals or other institutions, but must be cared for at home, this is a challenge to families, communities, and particularly to public health nursing agencies concerned with family and community health problems.

—Clark Tibbits, B.S.

* * *

PRACTICAL NURSING

On the NLN: The National League for Nursing believes that practical nursing is an integral part of all nursing and that, therefore, the NLN must assume responsibility for practical nursing education and service just as it does for professional nursing education and service.

—Jean B. Hauser, L.P.N.

* * *

MENTAL HEALTH

On hospitals: A patient learns how to be a patient in a hospital. Are hospitals today designed— organizationally, physically, and as social systems—to help the patient from a "sick role" to a role as a healthy member of society, or do

hospitals perpetuate the "sick role"?

A mental hospital which is built and equipped to cope with violent behavior, for example, staffed with personnel who also expect violence from the patients, may be making it almost impossible for the patient to behave in any other way.

—Edward Stainbrook, M.D., Ph.D.

* * *

STAFFING PROBLEMS

On utilization of nursing personnel: Head nurses spend 22 per cent of their time with patients; staff nurses 38 per cent, and others 48 per cent. The R.N. spends 29 per cent of her time in direct patient care at the bedside but it takes her 37 per cent of her time to get ready to give this.

—Jessie Scott, R.N., M.A.

* * *

DISASTER NURSING

On an integrated curriculum: Union College Department of Nursing has undertaken to improve the education of its students in the area of disaster nursing; it is attempting to give a realistic understanding of the impact of a major disaster upon a community and to prepare the student to function as a professional nurse in an emergency of civil or military origin.

—Alice E. Smith, R.N.

On disaster's impact: A disaster sharply halts the regular provisions for meeting the usual health and welfare needs of people while it simultaneously creates ill and injured who are in urgent need of immediate personal services and material aid.

—Virginia B. Elliman, R.N.

* * *

KEY SPEAKERS

On the responsibilities of the professions to society: In order to start a professional on his way, society makes certain concessions to the person, relieving him of normal responsibilities in the training stage so that his time, thought, and energy may be devoted specifically to the given end of the profession . . . [However,] society makes certain demands of a professional in return . . .

—Howard Thurman, B.D.

On the psychological techniques of indoctrination: In the past few years . . . it has been possible to examine many aspects of the Communist system through the eyes of several thousand young Americans who lived for several years in a Communist controlled society . . . The success of Communist indoctrination techniques with American prisoners of war in Korea is clear evidence of the need to build in American youth the kind of character strength inherent in the Judeo-Christian principles upon which our democratic ideals are based.

—Maj. William E. Mayer, M.D.

▲ Panel discussion: New ideas for old staffing problems.

Program meeting: The need for leadership personnel in nursing. ➤

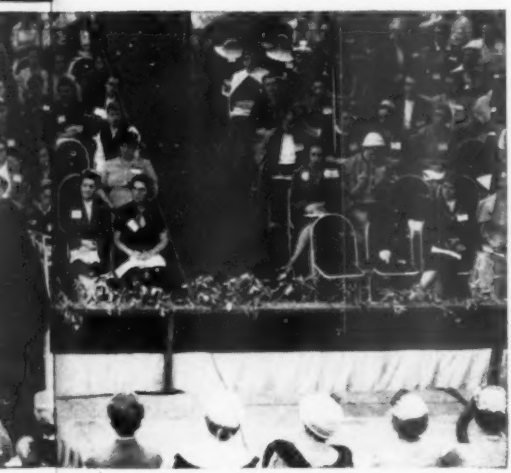
Newly elected:

Ruth B. Freeman, president

Mildred Lorentz, first vice president

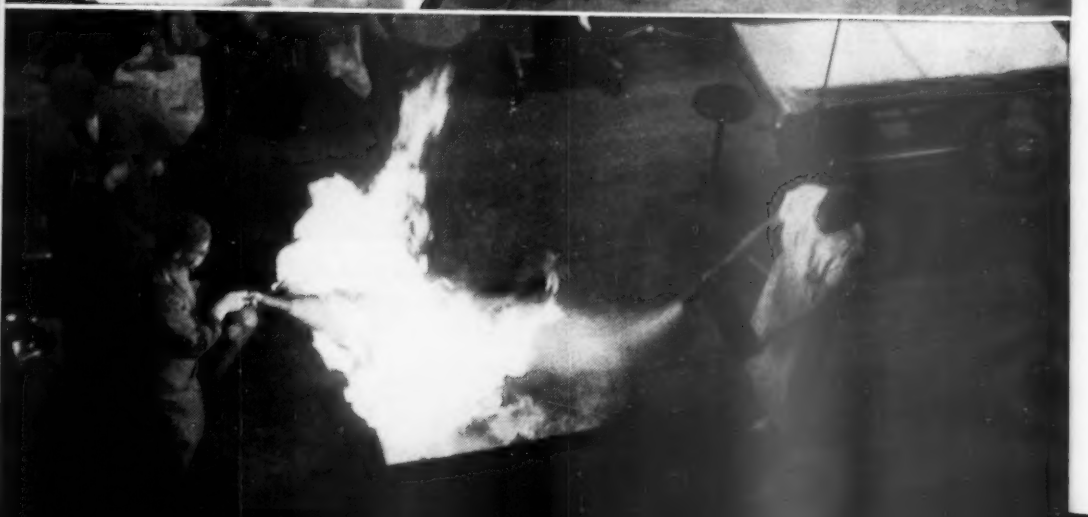
NLN
Convention Camera

Luncheon topic: Citizen participation in the NLN program. ➤



Mrs. Charles Gleason, second vice president

Sister Charles Marie, third vice president



Drama: Rehearsed and Real

One of the most dramatic, action-packed program sessions at the recent NLN convention was a demonstration of fire-fighting techniques and patient evacuation from hospital operating rooms. After the meeting, there was unplanned drama when a truck smashed into a police motorcycle as student nurses were leaving a nearby session.

The fire demonstration, sponsored by the Department of Hospital Nursing and conducted by Lieut. Robert McGrath, hospital instructor at the Chicago Fire Prevention Bureau, included explosions, roaring flames, fire-fighting equipment, and a team of Chicago nurses and physicians who showed what training and teamwork can accomplish when an O.R. fire occurs.

➤ These pictures show the team in action when fire strikes. Nurses immediately remove the patient, blood flasks, and instruments to another O.R. The anesthetist removes his apparatus. Within seconds, the surgeon resumes operating in an adjoining O.R. The fire is extinguished.

As nurses and students were leaving the auditorium, the real emergency occurred. The motorcycle officer was sent sprawling to the sidewalk by the collision. Nadine Elliott, a senior at St. Mary's Hospital School of Nursing, Evansville, Indiana, and other student nurses, rushed to his side and rendered assistance until an ambulance arrived. It was one more example of what training and teamwork can accomplish in an emergency. ▼

Woeful Wail of a

by Velma Sanders

Nowhere in nursing is there anyone less loved than the nursery nurse in a small hospital. In the eyes of the public she's a hard-boiled old battle-axe who pulls her rank on them at every turn. The new father regards her as an ogre because she won't let him hold his own baby. Visitors think she's a dragon because she chases them out of the mother's room at feeding time.

In the profession she can't win, either. The floor nurses resent her, claiming that she won't leave the nursery to help them, even when she's not busy. If she does offer to help, they're likely to look at her as if to say, "Well, how do you do, Mrs. Astor!"

In ten years of nursery work in small hospitals, I have been asked to do everything from helping with an incision-and-drainage to gavaging a child isolated with possible spinal meningitis.

If, as has been my lot, the nursery nurse works in a hospital where the administrator is a lay person, she has to set her own standards, make her own rules, and carry them out—when, as, and if she can. The pediatrician is the only person who will go to bat for her—if she's lucky enough to work in a town that has a pediatrician.

I'm often reminded of the student nurse who suddenly burst into tears at the dinner table. On being asked what was troubling her, she sobbed, "The darned babies have all got impetigo!" How true! If it isn't impetigo, it's thrush. Or sniffles. Or (mentioned only in whispers) that dread Black Death of all nurseries: infectious diarrhea.

Even with a student or aide to help her, a good nursery nurse always feels personally responsible

Nursery Nurse

for everything that happens to her babies. They *are* her babies, too—in the sense that she cares more about them than anyone else, even their mothers at times. Surely she can't trust her babies to a student or aide who doesn't know asepsis from asemia.

As if all this weren't enough to qualify her as top candidate for a strait jacket, she has several other frustrations. Let her ask for either extra help or needed equipment and she's likely to rate the tolerant smile usually reserved for the not-too-bright. The average administrator, inordinately proud of his hospital's modern surgery and shining diet kitchen, dismisses the nursery as unimportant. Equipment money, he thinks, can be put to better use elsewhere. And when you convince him you need extra help—that'll be the day! Don't tell him you work an hour overtime every night. He has a stock answer for that: "I can't help it if you don't get your work done on time." If you finally get an assistant, chances are she'll be a student or aide with her foot in her mouth.

As examples I give you (1) the aide who reported that she had fixed up the four newborns admitted during the night—except for putting on their identification bracelets; (2) the student who got a severe burn, extending even to her eyes, while trying to get a suntan under the ultraviolet lamp; and (3) the aide who thought the baby's rash must itch—so she scratched it for him. These are all true incidents.

Sometimes I ask myself, "Why do I do it?" Numerous jobs not

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Physical Therapist

by Dick LaCoste

Against the background of jet airplanes at a barren, sand-swept U.S. Air Force base in Florida, Maj. Miriam Rodenberger Bender (MSpC) works to give handicapped individuals a new lease on life. As a physical therapist, she's attached to the 3201st U.S. Air Force Hospital, Eglin Air Force Base, Florida. Her patients are the base's military and civilian personnel, and their dependents. Her clinic is unique; it differs from war-time hospitals and veterans hospitals because it ministers to all military and civilian personnel assigned to the Air Proving Ground. The nearest hospital or clinic that could handle physical therapy cases is fifty miles away.

Physiotherapy is a challenging field, and it makes exacting demands on its practitioners. Major Bender and her staff at Eglin Air Force Base derive their satisfaction from their response to that challenge. Result: handicaps overcome and a brighter patient outlook.

A member of the Air Force's medical specialty corps, Major Bender heads a staff of eight enlisted men and women. A good many of the clinic's patients are children from eight months to thirteen years of age. Infants with cerebral palsy can't receive full physical therapy treatments until they are at least eight months old. In such cases, the parents are taught the necessary exercises and other therapy essen-

tials, and the youngsters are brought into the clinic for frequent check-ups.

"We work with polio, cerebral palsy, and stroke cases," says Major Bender, " a few amputees, and with patients with varying degrees of multiple sclerosis. Then there are the routine problems stemming from fractures, tendon repair, and arthritis."

Her interest in physiotherapy developed while Major Bender was studying for her Master of Science degree in Physical Education at the University of Wisconsin. Previously she had received her Bachelor of Arts degree from Washington University in St. Louis, Missouri. After receiving her advanced degree at Wisconsin, she took an accelerated, war-time course in physical therapy. Then she spent six months at the Mayo Clinic in Rochester, Minnesota, and a year in the U.S. Army.

After the war, she was chief physical therapist at the Jefferson Barracks Veterans Hospital in St. Louis until she resigned to work in Korea with the victims of the war there. Later, she studied advanced rehabilitation under Dr. Howard Rusk at New York University. She's a member of the American Registry of Physical Therapists and of the American Physical Therapy Association.

Major Bender has designed much equipment in use at the Air Force hospital. "This is a real challenge," she says, "because of the lack of space at Eglin."

Besides specialized skills and ingenuity, the physical therapist most needs patience, Major Bender says, the sort of patience that enables one to accept a lack of immediate progress in patients and to be encouraged by even the most imperceptible improvement. For although only three or four treatments are needed for some cases, polio and cerebral palsy patients may require treatment lasting as long as ten years. «»

by Morton J. Rodman, Ph.D.

Progress report on tranquilizers—

Drugs for the "Age of Anxiety"

The accidental discovery that mental disease symptoms could be controlled by certain drugs, introduced originally for other purposes, has led to the creation of a whole new class of compounds—the "tranquilizers." Last year, doctors wrote an estimated 30 million prescriptions for these drugs, unknown less than four years ago. Soon, many more such substances, the fruits of stepped-up research, will be added to the dozen different chemicals already in clinical use.

News that chemicals might modify human behavior and personality quickly caught not only the physicians' but the public's fancy. Dramatic—and often misleading—press reports of chemical cures for mental illness soon made "tranquilizer" a household word. Meanwhile, doctors began to coin new words, such as "ataraxic" and "phrenotropic," to identify these drugs.

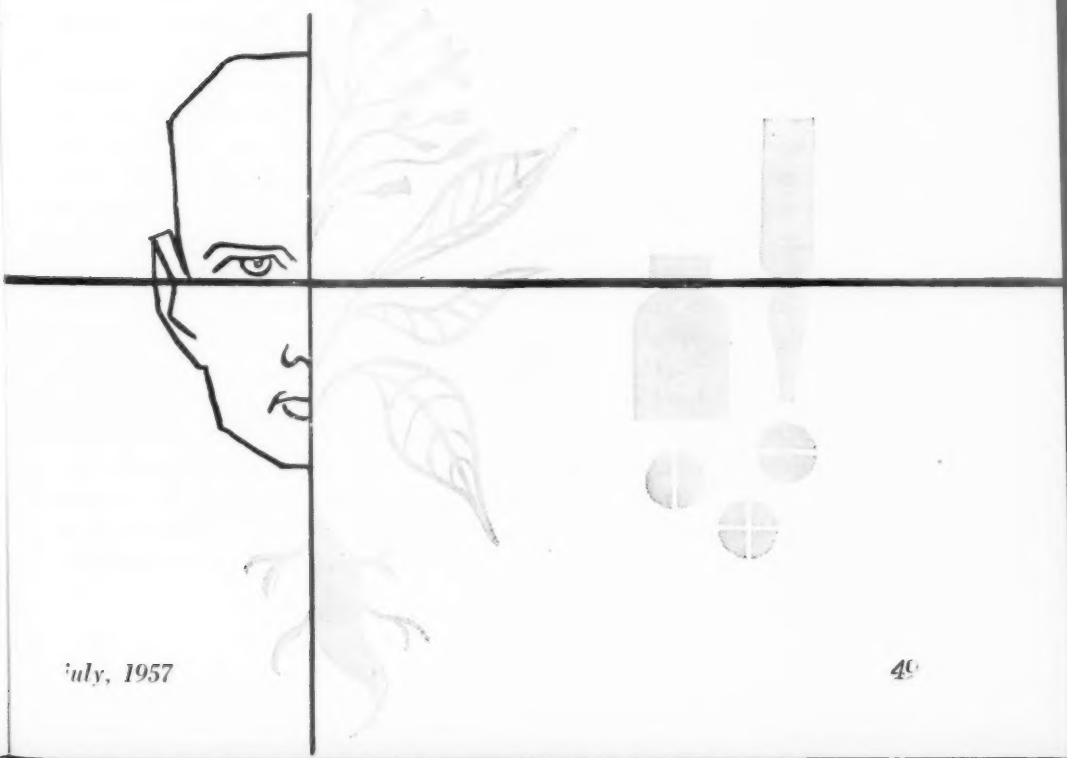
Despite the enthusiasm with which many medical men and the public

have accepted the new drugs, surprisingly little is really known about them. Some doctors even doubt whether they work at all in many of the ailments in which they are being employed. Others have suggested that the consequences of their widespread use deserve deep study.

Because of this need for further clinical evidence, the government recently gave the National Institute of Mental Health $2,000,000 to study the real value of the tranquilizers. The Veterans Administration and various other groups are also trying to determine how well these drugs really work and what may be the long-range results of their use by millions of people.

Until such studies are completed, almost any statement about the tranquilizers is likely to provoke controversy. Yet enough is now known about some of them to warrant this progress report.

The first tranquilizers (and still the most widely used in mental institutions) were (1) the synthetic chemical, chlorpromazine (Thorazine), and (2) the plant product, reserpine, an alkaloid extracted from the Indian snakeroot, Rauwolfia serpentina. During the clinical trials of reserpine in the treatment of hypertension, investigators observed that the drug reduced anxiety and tension as well as high blood pressure. Likewise, chlor-



promazine, an antihistamine, when tested for its ability to increase the potency of pain-killing drugs, was found to produce a peculiar calm, even in cancer patients suffering severe pain.

While the ability to reduce anxiety and reaction to pain is not unique to these drugs (barbiturates and opiates also possess such properties), scientists were impressed by dramatic differences in the action of reserpine and chlorpromazine. Patients treated with these depressants might become deeply drowsy and lethargic; yet they could be readily aroused to respond coherently to questions. And, unlike the barbiturates, the tranquilizers did not dangerously depress respiration, even in massive parenteral doses.

The ability of these drugs to calm acutely excited psychotics without excessive clouding of consciousness accounts for their extensive use in the management of the mentally ill. This property makes these drugs especially effective as adjuncts to psychotherapy.

The differences between the tranquilizers and the classic central depressants, which can leave the patient too foggy for questioning, may stem from the fact that they affect different levels of the brain. Most simple sedatives are thought to act primarily on the cerebral cortex, while the tranquilizers appear to affect more primitive subcortical areas such as the hypothalamus and the reticular formation, the latter a tiny but vital nerve network in the brain stem.

Present evidence indicates that while reserpine and chlorpromazine act at these same central sites, they work by different mechanisms. According to one current concept, reserpine reduces excitement by triggering the release of serotonin, a brain hormone that transmits a warning to central parasympathetic nerve centers to "slow down." Chlorpromazine, on the other hand, is believed to act by blocking the effects of norepinephrine, a neurohormone that excites the central sympathetic centers. Either drug action could counteract the effects of an imbalance between the chemical messengers that help regulate autonomic activity, including emotional responses.

Although this theory requires further proof, some of the side effects of these drugs are consistent with the idea that they affect nerve centers controlling various visceral functions. Thus, reserpine slows the heart and dilates the blood vessels, leading to a fall in blood pressure and nasal congestion. The drug can also cause abdominal pain and diarrhea by increasing gastric secretion and peristalsis. Chlorpromazine often causes constipation, dryness of the mouth, blurring of vision, congestion of the nasal mucosa, and postural hy-

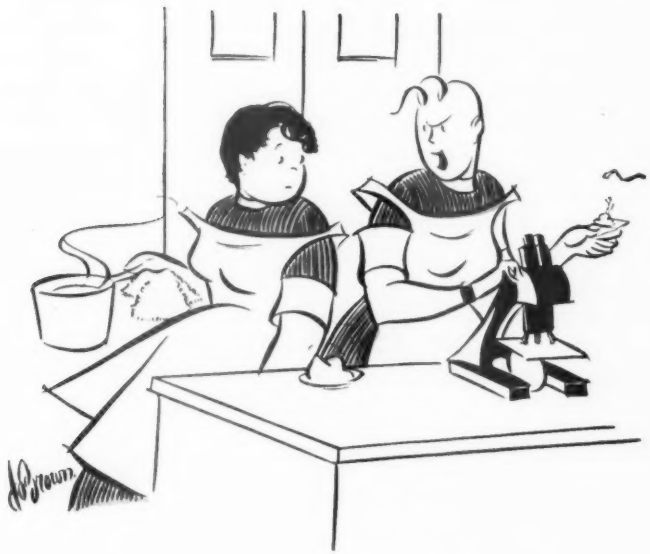
potension—all symptoms of autonomic blockade.

While most such side effects are mild and readily counteracted, more serious toxicity has recently been reported with both drugs. Obstructive jaundice, skin eruptions, and blood dyscrasias have occurred in people sensitive to chlorpromazine and its chemical relatives. Various serious neurological and psychological complications, including convulsions and suicidal depression, have resulted from reserpine overdosage. Both drugs cause muscular tremors and rigidity similar to Parkinson's syndrome.

Reports of toxicity, increasing tolerance, and disappointing therapeutic results have dampened some of the early enthusiasm for these drugs. Some doctors have decried their indiscriminate use in minor emotional upsets and suggested that they be employed only in severe psychosis. The Food and Drug Administration recently recommended a reduction in reserpine dosage in most conditions.

Several drugs of closely related chemical structures have recently

PROBIE



"BEFORE I TASTE IT—I BETTER ANALYZE IT."

TRANQUILIZING, ATARACTIC, OR PSYCHOTROPIC DRUGS

CLASSIFICATION	OFFICIAL, GENERIC, OR CHEMICAL NAME	PROPRIETARY NAMES
Rauwolfia Derivatives (a) Mixed Alkaloids	1. Alseroxylon	1. Rau-Tab, Rautensin, Rauwiloid
(b) Single Alkaloids	1. Reserpine	1. Serpasil, Rau-Sed, Reserpoid, Sandril, et al.
	2. Rescinnamine	2. Moderil
	3. Deserpidine	3. Harmonyl
Phenothiazine Derivatives	1. Chlorpromazine HCl	1. Thorazine
	2. Promazine HCl	2. Sparine
	3. Proclorperazine	3. Compazine
	4. Mepazine	4. Pacatal
	5. Perphenazine	5. Trilafon
Diphenylmethane Derivatives	1. Benactyzine	1. Suavitil
	2. Hydroxyzine HCl	2. Atarax
	3. Azacyclonol HCl	3. Frenquel
Propanediol Derivatives	1. Meprobamate	1. Miltown, Equanil
	2. Mephenesin	2. Tolserol, Myanesin, Dioloxol, et al.
	3. Mephenesin Carbamate	3. Tolseram
	4. Phenylglycodol	4. Ultran
Miscellaneous drugs with calming action in anxiety-tension states	1. Ectylurea	1. Nostyn
	2. Promethazine HCl	2. Phenergan
	3. Pyrathiazine HCl	3. Pyrrolazote
	4. Chlorcyclizine HCl	4. Perazil, Di-Paralene
	5. Meclizine HCl	5. Bonamine

been marketed. (See "Rauwolfia Alkaloids" and "Phenothiazine Derivatives" in the supplementary table.) While it is still too early to determine whether they are safer and more effective than their prototypes, as is claimed, these newer drugs will probably have the same undesirable and useful properties.

Although a serious psychosis may warrant almost any therapeutic risk, drugs must prove relatively free of danger and discomfort to be acceptable for treatment of milder emotional disorders. Since most tension in this "Age of Anxiety" occurs in essentially normal people, there is need for an effective calmative or relaxant that can be given with relative impunity.

Among the leading current candidates for this role are ectylurea (Nostyn), hydroxyzine (Atarax), and meprobamate (Miltown; Equanil). Meprobamate has been most widely employed, more than a billion tablets having been sold last year alone. Introduced initially for treatment of temporary anxiety states, it has since been used in almost every condition in which the emotions may play a complicating or causative part. Such possibly psychosomatic conditions include gastrointestinal distress, tension headache, skin allergies, asthma, and premenstrual pain.

Also, meprobamate a longer-acting relative of the muscle-relaxant anticonvulsant agent, mephenesin (Tolserol, Dioloxol, *et al.*), shares these properties. Thus, it is being tried in treatment of petit mal epilepsy, arthritis, and various neuromuscular disorders. Evidence indicates that the drug acts by cutting down responses to excess stimuli. Its action at the thalamus, a relay station for sensory impulses passing to the cerebral cortex, may account for relief of the psychological symptoms of emotional stress. Blockade of spinal interneurons (connecting links in complicated reflex arcs) may counteract the physiological components of tension, including muscular twitching and tightness.

While withdrawal symptoms suggestive of physical dependence and addiction have been reported in one case, meprobamate is generally considered a remarkably safe drug. Only drowsiness and minor allergic skin reactions have been observed with any frequency. Oddly enough, this lack of serious side effects seems to have alarmed some psychiatrists. Opposed in principle to people taking pills to cope with the stresses of everyday life, they claim that even safe and effective tranquilizers may be undesirable. These psychiatrists suggest that tension is socially and biologically useful, and that freedom from fear could lead to loss of initiative and

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Food Faddism

by Doris F. Jensen

Statistics indicate that about ten million Americans are being influenced today by nutrition quacks, and an estimated $500,000,000 is being spent annually on "health foods," "diet supplements," and the like for which no real need has been demonstrated.

Practitioners of this quackery include lecturers, pseudo-scientists, authors of sensational books and articles, high-pressure radio and TV announcers, and even a few who call themselves doctors. All have something to sell—a product and/or a theory; and all are willing to make fantastic claims which disregard established facts and generally disagree with recognized authorities.

The faddist approach often capitalizes on the widespread interest in (and fear of) obesity. Indeed, "How to reduce" has become one of the most profitable themes of the nutrition quack, who all too

commonly promises a way to lose weight without dieting—obviously playing upon the wishful thinking of the obese, while ignoring the factor of caloric intake and its relation to calories expended.

Food faddism shows itself in many a bizarre form. Some immoderates claim to spare their digestive enzymes by limiting each meal to an all-starch, an all-protein, or an all-fat fare. Some say they bolster their self-esteem by downing large quantities of blackstrap molasses or onion juice. Some combine these substances with yogurt, essences of seaweed, or royal jelly, the dietary standby of the queen bee. Often it seems that the faddist's motto is "Anything, so long is it's different!"

Extravagant claims for nutritionally unsound diets are, of course, nothing new. In the Nineteen Thirties, for example, the famous "Hay diet" (which featured an all-carbohydrate or an all-protein meal) appealed to many wealthy persons, promising them protection from fatigue, blues, headaches, indigestion, bilious attacks, colds, and other annoyances. Many years earlier, Horace Fletcher's "mastication fad" inveigled countless thousands into chewing and rechewing each mouthful of food until it slipped unconsciously down the throat. According to Fletcher, what you ate didn't matter; but you should eat only when hungry—and masticate thoroughly. (The verb "to fletcherize" is still in the dictionaries.)

Recent reports from Pittsburgh tell of a "free lecturer on health" who reputedly made a profit of $50,000 in two weeks. Through clever advance publicity, he assembled an audience of 2,000 for his free lecture, sold many of them his "famous book" ($4 a copy), then scheduled group conferences at a $10-a-person fee and private conferences (plus membership in his "association") at $25 each. A large part of his profit came from the sale of two dietary items, "live sugar" and "live salt," at 50 cents a pound. Prepared locally by an unsuspecting university freshman, these products proved to be ordinary granulated sugar and table salt mixed with enough wood ash to color them gray. Paying clients were urged not to drink milk or feed it to children, but to eat raw carrots which "would do miracles."

Although dietary fads are innumerable, those based on alleged hazards in food production and processing seem to attract the largest following. Bearing the brunt of the faddist attack are agricultural products grown with the aid of chemical fertilizers and pesticides, then processed; these include canned fruits and vegetables, white flour, and refined sugar. Among dairy products, pasteurized milk is a similar target. [MORE]

There is no simple explanation for the immoderate beliefs about raw or "natural" foods grown in soil enriched only by so-called organic fertilizers. Yet financial gain is certainly the motive of some who capitalize on the gullibility of the public in promoting such foods; and self-exploitation seems to motivate others who utilize controversy as a means of exhibitionism. Such immoderates obviously have no real concern about nutritional truths.

Many faddists claim that food processing causes irreparable damage to nutrients. Authoritative evidence shows that minor losses of nutrients do occur in the canning of fruits and vegetables. But the process results in a product free of micro-organisms; one that can be transported long distances and stored without refrigeration from one harvest to another. If urban civilization were limited to fresh produce as it comes on the market, only a fraction of the nutritious fruits and vegetables made available by canning could be distributed.

Again, many scorn pasteurized milk. Yet pasteurization minimizes milk-borne infectious diseases; and the loss of part of the ascorbic acid in milk is insignificant in view of the plentiful supply of vitamin C available in citrus fruits, tomatoes, and so on.

Much has been said, pro and con, about enriched white flour. In the considered judgment of responsible persons—representatives of farmers, processors, consumers, and public health agencies—such flour is a nutritious and highly acceptable foodstuff. The fact that some individuals prefer the taste of whole wheat bread is no reason for

Food Fallacies

Food fallacies are akin to food fads, but usually have a longer life span. Many have been handed down to us through several generations. People often cling tenaciously to superstitious beliefs about food and champion them with unreasoning prejudice.

Here and there, of course, a few grains of truth, gleaned from experience, are discernible among the dross of superstition. But food theories based upon limited per-

discrediting the enriched white product. Actually, the differences between the two are slight, and of very little significance in a properly diversified diet.

One would think that the growing interest in psychology would help the layman to realize that the power of suggestion, the influence of fear, and the "desire to believe" are tools which fad promoters use to popularize their fallacious ideas. This "desire to believe" underlies the pathetic credulity of people who have ailments which they hope may be benefited by some dietary fad. Such persons are the natural prey of charlatans. «»

by Doris F. Jensen

' . . . fish is a brain food'

sonal experience can be highly dangerous. Sooner or later, people must learn that a person who knows nothing about food chemistry and complicated body functions is not qualified to dispense advice about diet based on his own experiences.

Following are some typical fallacies* concerning a variety of foods:

"Nuts have special curative properties."

"Fish is a brain food."

"Celery is a nerve tonic."

"Raisins are needed by all for iron."

"Figs, currants, and strawberries are cooling and purifying."

*The wording of the quoted fallacies, drawn from reference sources to which they have been traced, typifies the quaint and unqualified way in which fanciful ideas about food are still expressed.—D.F.J.

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Industrial nursing on foreign soil has its masculine appeal*—

From Bellevue to Aruba

by Al Graham

Take it from me, after nearly seven years of first-hand experience: Industrial nursing on foreign soil is a real challenge. For proof I need only mention the thought that keeps bobbing up in my mind: How thankful I am that I had excellent instructors while in training!"

So states Samuel J. Speziale, R.N., chief nurse for the Lago Oil & Transport Company, Ltd. (a subsidiary of Standard Oil of New Jersey) at Aruba, Netherlands West Indies, where the company maintains a modern medical center

*This is the third in a series of articles on industrial nurses and their jobs.

←In a soundproof room at the Lago Company's medical center in Aruba, Chief Nurse Samuel Speziale attends to the recording of audiograms and electrocardiograms.

for the care of its employes—some 6,000 refinery workers.

"We take care of everything that comes along," says the chief nurse, "and that includes ailments ranging from ingrown toenails to leprosy. Totally, we have about 7,000 patient-visits a month; and there have been times in the past when the figure ran as high as 10,000 per month."

As head of the center's busy nursing staff—which includes six stateside R.N.'s (all men) and eight native nurse assistants—Mr. Speziale is naturally responsible for the day-to-day scheduling that coordinates the activities of his staff with those of the center's seven full-time physicians. (Technicians, pharmacists, and clerks bring the center's total medical personnel to about forty-two.)

"Our nurses are instructed not to play doctor," Mr. Speziale explains. "Being men nurses, they are often addressed as 'Doctor,' but their work is definitely limited to nursing duties—such as first aid, changing dressings, giving vision tests, taking blood pressures, and so on. If the patient's problem is something the nurse can handle, he goes ahead and does it; otherwise, the case is referred to the proper staff physician. As you know, industrial clinics in the States usually limit treatment to job-connected conditions; but in our center we take care of the patient's total needs—mental as well as physical, mother-in-law trouble as well as colds, headaches, and stomach-aches. Hence, we have many return visits which, in the States, would be referred to the family doctor."

Besides supervising his own staff, Mr. Speziale has numerous other duties, including some that industrial chief nurses in this country might consider rather unusual. For example, he is responsible for the maintenance of the recently built structure in which the medical center is housed—an air-conditioned building with some 25,000 square feet of floor space. Maintenance, in this instance, means not only cleanliness (a job that requires five regularly employed cleaners) but all necessary repairs on both the structure itself and its extensive medical equipment. Keeping a constant eye on the center's needs for equipment and supplies, as well as inventorying them quar-

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First-Aid service rendered to neighbors is not without its legal pitfalls.

The Nurse as a Good Neighbor

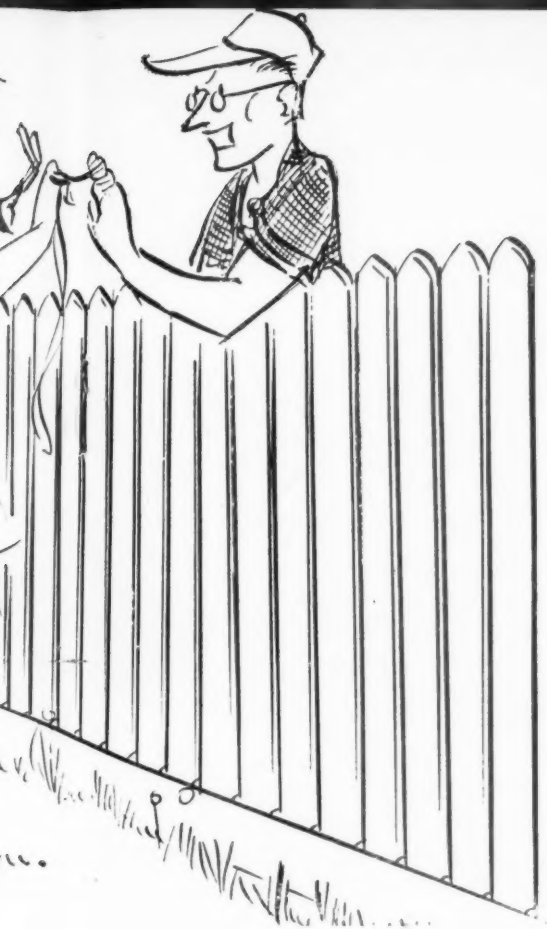
by Grace S. Stewart

"Aren't you a nurse?"
"Well, I used to be . . ."

The above question and its puzzling reply constitute an often-heard bit of dialogue. Let's hope that the answer doesn't actually mean what it implies—namely, that the respondent, though at present inactive, is no longer able to function as a nurse.

No member of our profession ceases to be an R.N. merely by being out of uniform. True, she may have good reason (such as the rearing of a family) for not being currently employed as an active practitioner; but with more and more women resuming former occupations, either through choice or need, the chances are that the inactive nurse, even though she doesn't now foresee any likelihood of doing so, will at some point during her lifetime find her way back into the nursing field.

No nurse-mother need apologize for her inactive status; but certain-

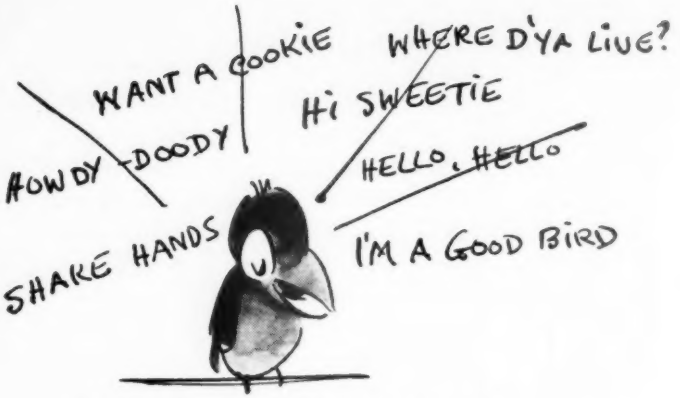


ly she should keep up her state registration and maintain an interest in the new drugs, new treatments, and other changing aspects of her calling. Today, this is relatively easy to do; for, in addition to a wealth of good nursing literature, short refresher courses are constantly being made more available in various parts of the country. (Incidentally, I have recently met several grandmothers who, after an absence of more than thirty years from hospital work, are again back in uniform and doing a competent bedside job.)

But even those who can't, or won't, resume active duty constantly have the opportunity (if, indeed, not the obligation) to employ their nursing knowledge in ways that will benefit their families, friends, and neighbors. As a matter of fact, the nurse out of uniform is often a stronger influence than she herself realizes in helping to raise the health standards of her community.

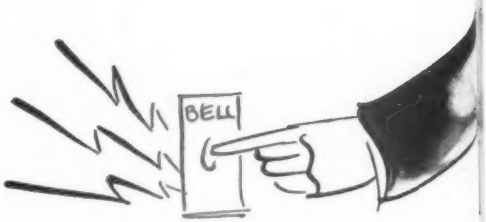
She may not be aware that she is teaching the fundamentals of good health when, for example, in chatting informally with a neighbor over their mid-morning coffee cups she intelligently answers some question about polio shots or an allergic reaction to milk. Even more significantly, perhaps, her reply might be, "Frankly, I don't know, but I'll find out." In either case, one can almost see the white uniform slip over the apron.

Frequently, too, she has recourse to her first-aid kit—not only when one of her own children is hurt, but whenever some neighbor's child suffers a bloody cut on the head, a gash on the arm, or a badly scraped knee. Here, she is very much "on duty"; but her services extend far beyond the first-aid category when, in reminding an injured child's mother to be sure and call the doctor, she adds, "Tell him what happened, what treatment I gave,



and ask *him* what to do next." Moreover, in all such instances, she is, without being conscious of it, providing mothers in the neighborhood with good reason to believe that their growing daughters can derive lifelong benefits from a nursing education.

Service thus rendered to neighbors is not without its pitfalls, however, and the nurse can ill afford to be too free-handed with either her advice or her assistance. Parents of injured children, though generally appreciative when the results are obviously good, may be highly critical if something goes wrong. (Many a physician has heard such a parent falsely contend that "The nurse told me to do it that way.") Moreover, legal authorities say that even a nurse out of uniform, offering her services gratuitously, can be held responsible for her actions in a court of law; in other words,



the law holds that whenever any aid is given, the nurse is assuming an obligation calling for conduct free of professional negligence.

Every nurse should be particularly wary of the neighbor who comes seeking free advice about his pains, aches, and other symptoms. Aware as she is that only a physician is ethically permitted to diagnose ailments, she can't be too emphatic in making the advice-seeker realize that there's a vast difference between a nurse's private opinion and a doctor's diagnosis. Generally speaking, the best possible free advice she can offer is to suggest the services of a good medical man.

A further precaution applies in

the event that some neighbor, child or adult, requires an injection, an enema, or the like. Here, the safest course is to follow an old nursing precept: Get a written order from the doctor. (However, a verbal order by phone is better than none.)

The nurse out of uniform can't be too careful in providing unpaid-for services without doctor's orders. What seems like simple constipation could be a bowel obstruction —or even a "hot" appendix. That little scratch on the finger of a child who has had no tetanus antitoxin could conceivably develop into lockjaw. Hence, whatever services the R.N. renders in the way of emergency treatment should always be followed by the admonition about calling the family doctor. And, in the case of a dog bite, she should add the further warning that the board of health must be notified immediately.

In some localities, R.N.'s earn a part-time income by giving prescribed treatments (such as liver and insulin injections) in patients' homes. But a family with a bedfast patient is more likely to call upon a nurse-neighbor for such treatments; and when this happens, the

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Can You Identify These Authors?

by Ethel Haddock

1. This famous daughter of a noted New England educator and transcendentalist was born in 1832. Inspired by the deeds of Florence Nightingale and Clara Barton, she volunteered as an army nurse during the Civil War. Her experiences at Union Hospital in Georgetown, D.C., were subsequently published in her first successful book, "Hospital Sketches," the forerunner of many others, including several now regarded as children's classics. As a reformer, she was prominent in the temperance and women's suffrage movements prior to her death in 1888.

2. This outstanding American poet devoted years of his life, during and after the Civil war, to volunteer service at army hospitals in Washington, D.C. "The Wound-Dresser," based on his experiences and published after his death in 1892, is relatively unknown; but his "Song of Myself"—like many of his now-famous poems—long shocked the public, and he remained a controversial literary figure until well into the present century. In 1930, he was enshrined in the Hall of Fame for Great Americans.

3. This popular novelist and short-story writer was enrolled as a student at the Pittsburgh Training School for Nurses in 1893. Many of her nursing experiences, both as student and graduate, are vividly described in her autobiography, "My Story," published in 1931. Her late husband was a tuberculosis specialist, and several of her novels have a medical-hospital background. Creator of the famous "Tish" stories, she also authored "The Bat," a mystery play that

Few people know them as nurses, yet their names are all notable. *You'll find answers on page 74.*

thrilled millions of playgoers and movie fans.

4. This noted aviatrix, first woman to fly faster than the speed of sound, is the author of "Stars at Noon," an autobiography published in 1954. Orphaned in infancy, her formal education was limited largely to her training as a nurse. For more than twenty years, she has been a key figure in the cosmetics industry; and as the owner-operator of her own firm, she was named America's outstanding businesswoman for 1954.

5. This great-granddaughter of a world-renowned English novelist (1812-1870) is the author of "One Pair of Feet," an amusing volume based on her days as a student nurse. Like her famous ancestor, the creator of Sairey Gamp and Mr. Micawber, she inclines to be satirical—and her work takes many a poke at nursing practices which (fortunately) are no longer prevalent. Even so, her books have enjoyed wide popularity.

6. This talented nun-poetess was the daughter of an illustrious American author whose novels include the story of an oddly gabled house in Salem, Mass. Married at age 20, she collaborated with her author-husband, G. P. Lathrop, on various literary works. After his death, she became a Dominican nun (Mother Mary Alphonsa), devoting some thirty years to the care of incurable cancer sufferers. Rosary Hill Home, which she founded in 1901 to perpetuate her work, is located in a Westchester County (N.Y.) community which now bears her maiden name. «»

Nurse Invents

Maurine Ricke, a Danville (Calif.) R.N., is the inventor of a new time-saving device designed to expedite a chore that has long chafed hospital nurses—the routine counting of narcotics at the change of shifts.

Resembling a telephone dial in size, shape, and general appearance, the device is a rotary plastic dispenser with twenty-five inner compartments, individually numbered from 1 to 25. Filled in the pharmacy and locked (by means of a stainless steel spring), it releases only one capsule or tablet at a time, revealing at a glance

Narcotics Counter

by Mary Ericsson

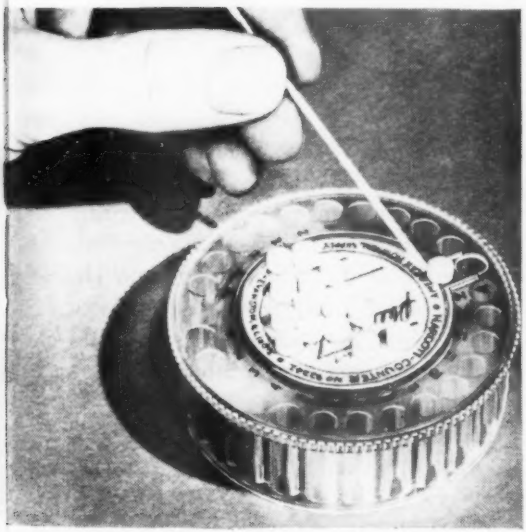
the exact number that remains.

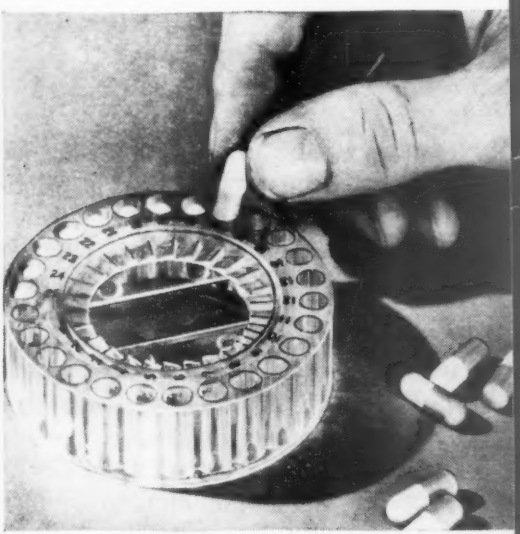
The Tomac Narcoti-Counter, as the device is called, is made of clear polystyrene, which is said to be virtually indestructible, easily washed, and safely cleansed with cold sterilizing agents. Besides facilitating inventory control on the floors and in the pharmacy, it can cut down on the number of "lost-in-the-sink" tablets; also, it eliminates repeated handling of narcotics, which is both unsanitary and often results in inaccurate dosage due to chipped or powdered tablets.

Miss Ricke has a workshop at her Danville home, and has long been interested in gadget-making. "I've always felt," she says, "that if something I needed wasn't available, I'd make it myself." The Narcoti-Counter, she adds, is the answer to "a long-nagging need."

Her device has been placed on the market by the American Hospital Supply Corporation, Evanston, Ill.

The creative-minded R.N. is a graduate of the University of Iowa, and her nursing career has included service in several California hospitals. Currently she is an instructor at Providence Hospital College of Nursing in Oakland. «»





Modern teaching techniques make classroom instruction as practical and realistic as ward experience. Here, a student gets experience in the process of admitting a patient to a ward.→

Classroom Demonstrations

by Don Beran

Many nursing educators have found that classroom instruction can be made almost as realistic as ward experience through intelligent use of demonstrations, role-playing, and similar modern methods of teaching. Frequently, however, these methods create certain problems of their own, particularly for the beginning instructor and her students.

A discussion of such problems highlighted a two-day workshop conducted last year at St. Mary's Hospital, Madison, Wisc., under the joint sponsorship of the State Department of Nurses and the University of Wisconsin Extension Division. The following are some of the questions which were asked and the answers they elicited:

What are the basic considerations for an effective demonstration?

First, the instructor should be

thoroughly familiar with the nursing procedure she plans to demonstrate. Second, she should practice her demonstration in advance. Third, she should think about its effectiveness from the viewpoint of her student audience. Fourth, she should use dramatic motions—but avoid exaggeration. (Exaggerated gestures may cause the student to imitate them later in practice.)

What can be done if the classroom itself isn't well-suited for demonstration purposes?

The teacher must adapt her presentation to the physical layout of the room—making sure that her students can see all the materials used, as well as the demonstration itself, from as many angles as possible.

How does a right-handed teacher proceed in demonstrating a technique to left-handed students?

In a simple demonstration (bandaging, for example), the teacher should try to do it left-handed. If she can't manage this or any other technique left-handed, she should seek the assistance of a left-handed instructor or student. (Ordinarily, she should never turn her back to her audience. But unless she does so with left-handed students, they must mentally reverse the image they see; and this doesn't work too well for most such students.)

If the instructor miscues during a demonstration, should she try to "laugh off" her mistake?

No. Such tactics encourage the students to giggle. Nursing students must learn to control any outward reaction to tension—giggling, especially. Mistakes and miscues can be minimized if the oral aspects of the demonstration are practiced aloud. Also, the teacher can reduce classroom tension by learning to relax and by the development of good timing through practice.

In the allotment of time, what factors should be considered?

An overlong demonstration leaves no time for adequate discussion and student practice. Conversely, a discussion prior to the demonstration may not allow sufficient time for the presentation. The teacher should time herself frequently, and ask another instructor to watch and criticize her demonstrations. In subsequent restagings, a demonstration tends to consume more and more time as new information is added; but the total time should be planned carefully on each occasion.

Is it wise to talk and demonstrate at the same time?

Yes. One of the first things a student nurse must learn is the art of talking to a patient as she works. Psychologically, therefore, it is highly important for the instructor to talk as she carries on her demonstration. Occasional use of a student in the role of patient will sharply outline the value of performing both social and technical activities simultaneously.

Which is more effective—a solo demonstration given by the instructor, or a dramatization in which students and teacher play various roles?

A role-playing dramatization is much more spontaneous than a planned demonstration. It is less frequently used, however—probaby because more time is consumed whenever students take part. This difficulty can, of course, be overcome by using other faculty members instead of students in the various roles—particularly in the role of patient. Beginning students tend

continued on page 76

Numerical code simplifies medical communication:

Standard Nomenclature

"The Standard Nomenclature of Diseases and Operations," first published in 1933 and now used in more than 85 per cent of the nation's hospitals, provides the health professions with a common language—a numerical code that minimizes error and confusion in the use of medical terms. Similar in principle to the Dewey Decimal System on which most libraries base the cataloguing of subject matter, the code narrows a medical term from a broad category to a specific part of the body, tells what is wrong there, and what caused the ailment.

For example, the code number for dermatophytosis (athlete's foot) is 112-211, with the digits to the left of the hyphen showing where the disease is, and those to right indicating its cause. Thus: 1 means the integumentary system; 11, the skin proper; 112, the epidermis specifically; -2 means a disease or infection due to a fungus or animal parasite; -21, the hyphomycete group of fungi; -211, the particular fungus, the Trichophyton.

Diseases named for physicians who discovered them were once a source of considerable confusion. In some instances, as many as six distinct ailments were named for one man. Conversely, several doctors with the same surname had discovered entirely different diseases which bore their common name. By substituting code numbers for names, the Standard Nomenclature eliminates such confusion.

The volume is published by the American Medical Association. ««

NEWS

Fellowships Announced

Awards of thirty fellowships in nursing, twenty-two for doctoral and advanced study and ten for master's degree candidates, were announced at the NLN convention.

Individual annual grants range from $3,000 to $5,000, and total $168,000, according to Anna Fillmore, general director of the NLN. The awards were made possible by a grant from the Commonwealth Fund.

Designed to meet the critical need for more qualified nurses in top positions in teaching, administration, research, and advanced nursing practice, the NLN's fellowship program is now in its third year.

Addiction Still a Problem, Student Nurses Hear

Drug addiction still remains a serious problem despite the substantial progress made in narcotic drug control, A. E. Aman, district supervisor, Treasury Department, Bureau of Narcotics, Chicago, told the NSNA convention in Chicago recently.

"Strong Laws, good enforcement, stiff sentences, and a compulsory hospitalization program are the necessary foundations upon which any successful progress must be predicted," said Mr. Aman.

"These will go a long way toward suppressing the abuse of narcotic drugs," he added. "The greatest reason for an increase in drug addiction has been the failure on the part of legislators and other officials to observe these important fundamentals."

Interviewing Begins For National Health Survey

Interviewers recently began visiting selected housholds throughout the nation to obtain information for the National Health Survey, according to Dr. Leroy E. Burney, Surgeon General of the Public Health Service.

Questions are being asked about illness in the family, about accidents and injuries, disability, hospitalization, and medical and dental care. The Bureau of the Census is doing the interviewing in sample areas in every state. About 3,000 households are visited each month.

"This survey is a most important step forward in the health field,"

Dr. Burney says. "The information it will provide is long overdue. For many years, physicians, research workers, insurance companies, hospital personnel, and others concerned with health have been in urgent need of facts on the health of the general population. This is the first time in twenty years that an effort has been made to collect these facts on a comprehensive basis."

As the data accumulate, they will begin to show health conditions throughout the country. Statistics will be compiled both for the nation as a whole and for each of eleven geographic regions. Information collected in the household interviews will, of course, be kept confidential and only statistical totals will be published.

NSNA Magazine?

Is there a need for a national magazine for student nurses? A majority of 12,662 student nurses think there is, but only 2,794 said they would be willing to subscribe to such a magazine.

These were the findings in a questionnaire sent to schools of nursing by a committee formed at the NSNA convention in 1956. Results were reported at the NSNA convention in Chicago recently. Of the 12,662 students answering the questionnaire, 7,804 agree on the necessity for a national magazine. The committee is looking further into the idea.

Nursing All Chiefs, No Indians, Says Canadian

Bedside nursing is apparently becoming less and less attractive to those who carry it out, says a Canadian physician. Dr. John Crawford is concerned about what he calls a new trend in nursing. "The profession," he says, "is becoming a tribe of all chiefs and no Indians."

Many nurses are ready to assume supervisory posts in hospitals, he told the recent Victorian Order of Nurses' two-day meeting in Ottawa, "but the business of bedside nursing is losing R.N.'s to offices and industry."

One Canadian nurse, who asked not to be named, said "the profession is certainly going down hill in a hurry." Another claimed: "It's only the student nurses who work anymore. The rest want a super-

visory post as soon as they graduate." Another unidentified nurse said it was unfair to generalize but added that "most graduates think there is something degrading about remaining on ordinary ward duty."

"Many social and economic factors prompted the inevitable trend," commented Dr. Crawford, "but I do, in many ways, regret the downgrading of the traditional and worthy role of bedside nursing."

CAPSULES

PSYCHIATRIC nursing will be the subject of a forthcoming film, to be produced by Smith, Kline & French Laboratories in cooperation with the ANA-NLN Film Service. It will be the first in a series of clinical psychiatric nursing films planned by the service.

* * *

AUTOMATION is no match for a nurse, says Dr. Albert Snoke, president of the American Hospital Association. "You cannot automate a highly individualized personal service," he says. "At least I don't know how automation could take the place of a back rub by a nurse."

ABOUT PEOPLE

Nurses' Educational Funds has established a memorial fund for scholarships in memory of *Jeanette V. White*, late editor of the "American Journal of Nursing" . . . *Helen Nahm*, director of the NLN's Division of Nursing Education, leaves the staff the first of next year to become professor of nursing and dean of the School of Nursing, University of California . . . A New York private duty nurse, *Frances Burton Arje*, has won the 1957 Mary M. Roberts Fellowship Award, granted annually by the American Journal of Nursing Company to encourage nurses to develop their writing skills. The award entitled the winner up to $3,000 plus all tuition fees for one year's study in journalism at a recognized college or university of her own choosing . . . *Marion Stewart* has been appointed director of nursing of the City of Hope Medical Center, Duarte, Calif. . . . *Esther V. Schaubel* was awarded an engraved certificate and a check for $200 from the U.S. Department of Health, Education, and Welfare for her work among the Eskimos in Alaska . . . *Nell V. Beeby*, executive editor of the American Journal of Nursing Company, died at her home recently. She was 60 years old.

ANSWERS TO QUIZ (Page 64)

1: Louisa May Alcott
2: Walt Whitman
3: Mary Roberts Rinehart
4: Jacqueline Cochran
5: Monica Dickens
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CLASS DEMONSTRATIONS

continued from page 70

to be embarrassed in performing this role; and older ones may look upon the whole idea as juvenile. But the value of role-playing is that it breeds enthusiasm. Moreover, it can be very realistic. If, for example, actual food is used in demonstrating how to feed a sightless patient, with a blindfolded student playing this role, a greater understanding of the blind person's problems is quickly and forcefully learned.

In teaching larger groups—fifty or more students—what is the most effective method to use?

Generally speaking, films are better than live presentations when the class is a large one, simply because everybody present gets a better view of the action. Some films, however, may be inadequate in—for example—the matter of close-ups. Hence, it may be necessary to try several teaching methods to find out which is the most effective for any given group.

When films can't be used for a large group, what should the teacher do to make sure that everybody sees the presentation?

The students should be told—and retold—two things: "You have only to stand when you can't see," and "Get up and walk around to a spot where you can see better." The important point to remember

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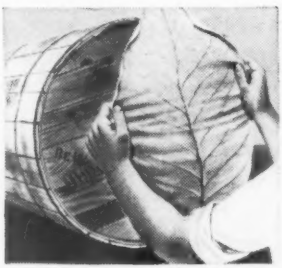

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is that everybody should see what is going on in detail. As classes become more accustomed to demonstrations, students react more naturally and feel more at home when live presentations are given. But for many large groups, a film is the only method which works effectively.

What is advisable when a student contends that her own method seems better than the one demonstrated?

The motion-saving factor should be emphasized in demonstrating any technique. The usual complaint of the beginning student is that the demonstrated method is awkward. This objection can be met by asking, "But how many times have you done it before?" If, however, the student can demonstrate a method that is more efficient than the teacher's, there is every reason to allow that student to use her own method. Techniques may have to be varied to fit the needs of the individual nurse (as well as those of the individual patient). In every case, the reason for using a particular method should be made clear to the student.

Should students be allowed to criticize one another and evaluate one another's performance?

Yes. A fellow-student's criticism may be better accepted than the teacher's evaluation. If anything, students tend to be harsher with one another than the teacher is with any of them.

What skills should be taught first?

The classroom schedule must be sufficiently flexible to give students the advantage of studying actual nursing problems as they come along on the various wards. Obviously, such problems can't be held over until such time as they fit into the teaching schedule. The instructor naturally needs the cooperation of the various head nurses in finding patient-care problems that tie in with those currently being studied in the classroom; but in each case she, herself, should interview the patient to be sure that his attitude and his condition are suitable for case study. (Students, other instructors, and ward nurses should be encouraged to be on the lookout for specific nursing problems that can be used for teaching purposes.) Cooperation among head nurses, patients, and teachers is of prime importance.

Should any one teaching method —role-playing, for example—be used exclusively?

No. Variety is an all-important factor in classroom instruction. Any teaching method used exclusively becomes overused—and thus loses its spontaneity and its effectiveness. Varying conditions call for the use of varying methods. And just as the student must learn to differentiate between one patient's needs and another's, so the teacher must learn to chose the method best suited to the teaching of each individual technique. «»

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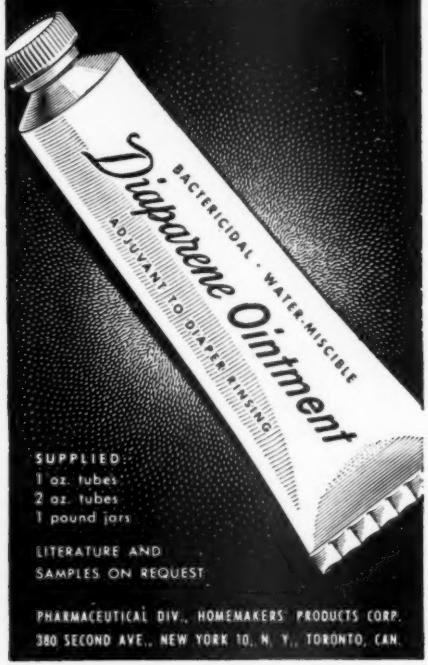

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PREDICTION

continued from page 35

the current ratio of 258 nurses to every 100,000 people will be necessary (430,000 presently employed professional nurses). All the evidence supports the theory of increasing, rather than decreasing, needs in nursing service and education.

The statisticians expect an increase in population from today's 167 million to 200 million by 1970. These figures give nursing's planners a somewhat reliable gauge by which they can anticipate minimum needs. However, the study includes a qualifying statement to the effect that anticipated population growth alone is no indication of what the real health needs of the people may be, or what kind of nursing service may be desirable in the future.

Before long-range planning can even begin, the report reveals, the present inadequate ratio of nurses to population must be improved. To bring the ratio up to approximately 300 nurses per 100,000 population (600,000 professional nurses) by 1970, an annual average increment of three nurses per 100,000 population would be needed, and six nurses per 100,000 population for a ratio of about 350 nurses (700,000 professional nurses).

These numerical goals, translated into educational preparation, mean that by 1970 enrollments in

basic college programs must be expanded by 30,000 to 40,000 a year, and by 10,000 to 30,000 a year in hospital and junior college programs.

In presenting the report at the opening League business session, NLN's associate director, Marion W. Sheahan, pointed out to some 3,000 members that further study is still required to determine the numbers desirable for the best kind of patient care, the needs in the specialty fields, and the proper proportion of professional nurses to practical nurses and auxiliary workers.

In studying the present as a basis for predictions for the future, the committee's analysis of the job responsibilities of nurses showed that 67 per cent of the professional nurses currently employed are working under supervision in hospitals, doctors' offices, and similar job settings. Thirty-three per cent are in roles of greater responsibility, ranging from hospital head nurse and public health staff nurse through nursing service and nursing education administration.

The conclusion is drawn that the first group, working under supervision, requires only first-level education. Such education is to be found in hospital schools of nursing and associate degree programs in junior and community colleges.

The second group, however, requires college preparation; a large proportion will need graduate study at the master's and doctor's degree level.

These conclusions are a strong

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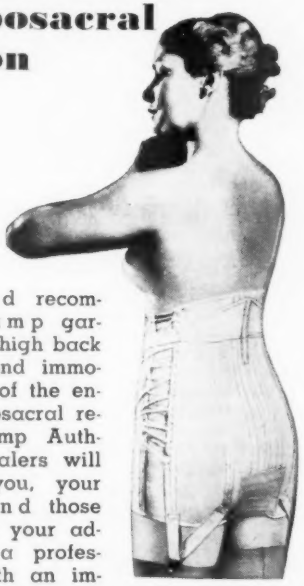

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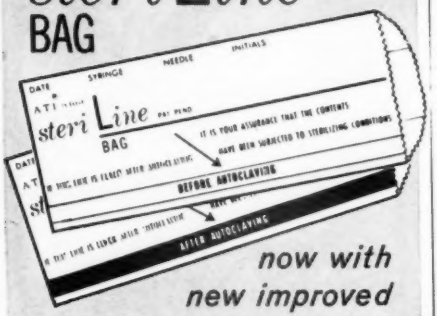

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argument for the continuation of the gradations in basic preparation for nursing. Two-thirds of the professional nurses today work under direct supervision; one-third function more or less independently and may be in positions of directing and leading others. According to the League, "the goal is to pattern nursing education along the lines of responsibility for which nurses need to be prepared."

The simplicity of this statement of goal could easily lead one to overlook its potential impact on the future preparation of professional nurses; for nowhere in nursing literature has a more important idea been couched in such simple language.

If this goal is reached, the apex of patient care may be achieved. When nursing educators and nursing service administrators fully understand each others' roles and plan together toward a mutual goal, they may finally produce well-prepared nurses—nurses qualified to practice, direct, or teach the art and science of professional nursing; in other words, the kind of nurses we know are required by a society with ever-changing health needs.

The question raised in the League's study is whether this proposed pattern of nursing education will be a new pattern, or an adaptation of the existing pattern in nursing education; it is a question we should all ponder.

At the present time 14.9 per cent of this country's professional nurse

students are in college and university programs leading to a baccalaureate degree; 84.1 per cent are in diploma and associate degree programs in hospital and junior colleges. By 1970 it is anticipated that 33 per cent will be in colleges and universities and 67 per cent in hospitals and junior colleges. (This tidy correlation between present job responsibilities and future levels of professional preparation is—in the opinion of R.N.'s editor—an unfortunate crack in the crystal ball. It smacks more of wishful thinking than of scientific prognostication.)

That there is some agreement within the educator's circle on the study's findings and the future goals for nursing education was borne out by several convention speakers. In fact, much of the program elaborated upon and augmented the ideas presented in this important study.

Dr. John Millis, president of Western Reserve University, expressed the viewpoint that the only professions which have come close to meeting their personnel needs are those that have consistently raised their educational standards. And speaking specifically of nursing he said: "The inescapable fact that demand for quality in nursing care will be at an ever increasing level will mean that in the future it will take a longer, not a shorter time to educate a nurse."

The director of the National Heart Institute, Dr. James Watt, explained how the greatly increased

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volume of medical research in the United States has already affected the work of professional nurses in many ways. He anticipates that, in the future, nursing will become an even more exacting discipline. As the familiar patterns of nursing begin to alter under the impact of new medical knowledge, the necessity for research in nursing techniques, education, and administration will increase.

Dr. M. H. Trytten, of the National Research Council, comparing the problem of nursing education with that of preparing scientists and engineers, said they have much in common. "They both are manifestations of a larger problem—the growth of specialization and the growth of demands for professionally trained personnel in a world which is becoming more complex all the time."

NLN's Elizabeth Cunningham, while speaking of the shortage of leadership personnel in nursing, brought out that "Nurse educators have come to the conclusion that the baccalaureate program can help nursing lay the broad foundations necessary for beginning leadership positions—team leaders and head nurses in the hospitals, staff nurses in public health services, school nurses, and those nurses in occupational health services for whom supervision is not constantly available." She also said that most people would agree that the university can provide a shorter, straighter road, and one that involves far fewer dead-end excursions, than the twisting and lonely path of learning through trial and error.

Whether most people, nurses especially, would agree to this, or whether they are willing to accept the NLN's predictions of the future, will be known soon; the NLN plans to ask regional, state, and local leagues to initiate further study of this report among nursing, allied, and citizen groups in their own communities. For a growing nation and a harassed profession, there are many questions yet to be studied and answered before nursing can meet its professional obligations to society.

—ALICE R. CLARKE, EDITOR

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diaper rash
anal irritation
due to diarrhea

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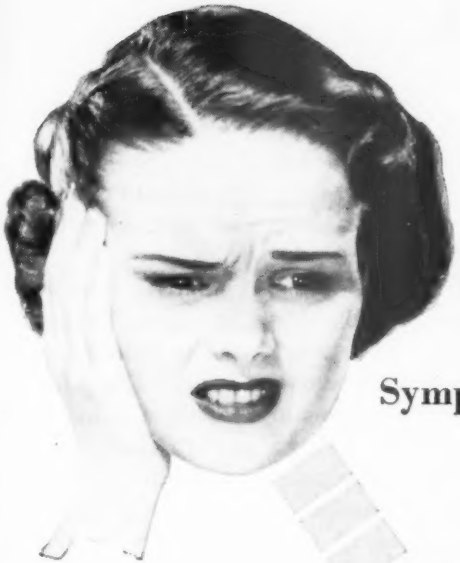

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continued from page 45

only pay better but require less elbow grease, less common sense, less patience, less tact, and less horse strength. Then why?

Here's why: One day a homeward-bound mother says, "Nurse, I'll never forget you for taking such good care of my baby." That same day my smallest preemie gains an ounce, I decide that the baby with the atelectasis is going to make it, and another fragile little one smiles at me. (A fig for the child psychologists! I know it's a smile. If he's smart enough to recognize my step and stop crying when I walk into the nursery, who says he can't smile at me?)

I look down into his clear, shining eyes. My aching feet and my irritations find their proper perspective. I feel humble and at peace with God. «»

A 20-MINUTE *color film (35-mm. soundslide), "The Opportunities of the Industrial Nurse," reviews all phases of modern industrial nursing programs and shows the value of such programs to employes and management. The film may be loaned from the Massachusetts Industrial Nurse Association ($1.50 is requested to cover handling, insurance, and mailing). Address: Catherine R. Dempsey, R.N., Simplex Wire and Cable Co., 79 Sidney Street, Cambridge 39, Mass.*

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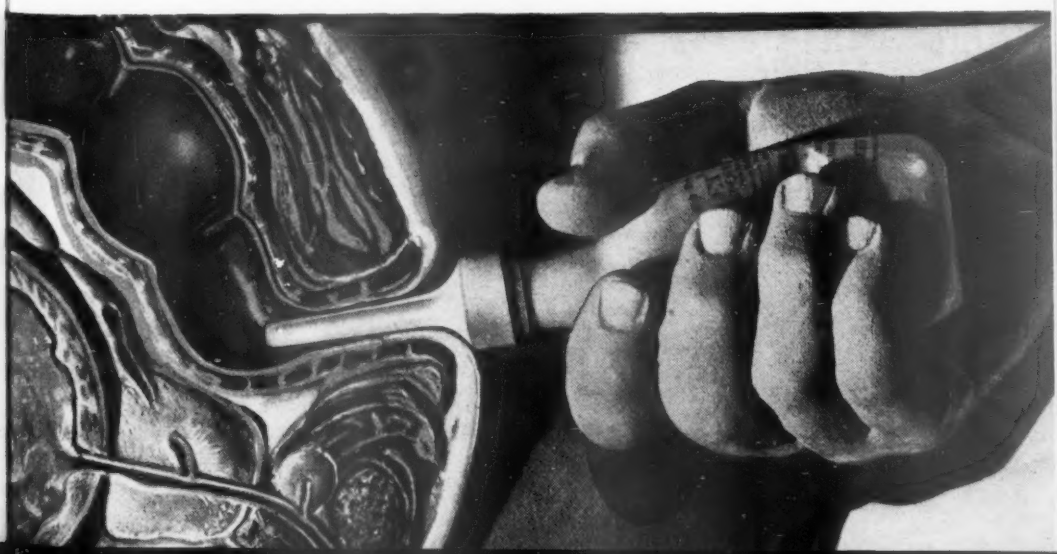


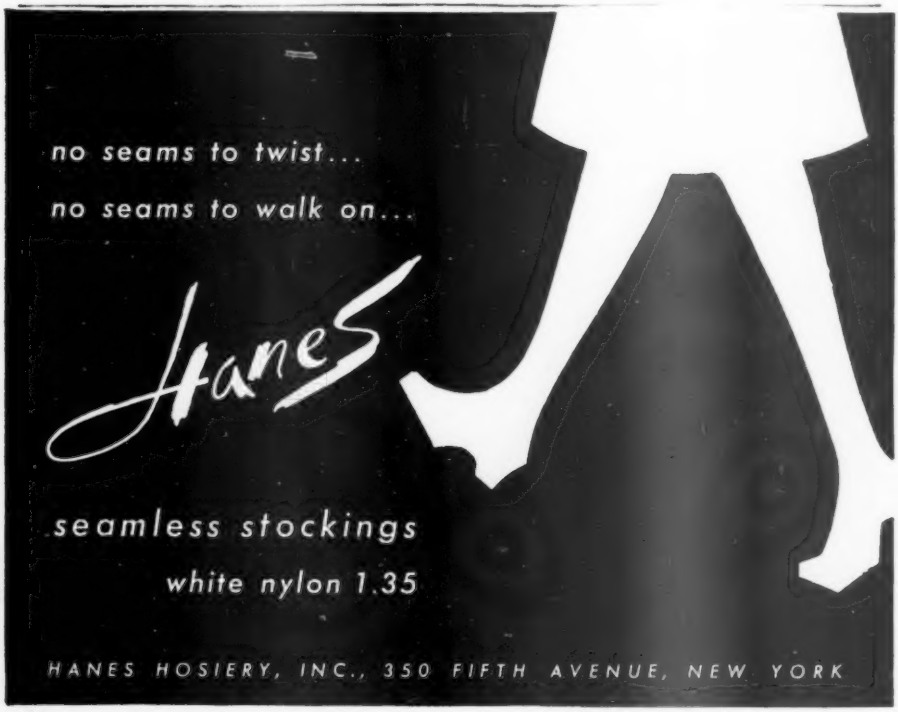
NURSE'S ROLE

continued from page 63

inactive R.N. may perform added services if she also demonstrates some of the fundamentals of good bedside care. Among other things, she may explain how to give a bed bath, how to take a temperature, how to sterilize a syringe, what to watch for in coma or shock, and even how to give an insulin injection. By thus assuming the role of teacher, she not only assures the patient of better home care but helps, in some measure, to promote professional goodwill.

What we need to remember is that *every* R.N.—in or out of uniform—either increases or lessens the prestige of the profession by her own standing in the community. Thus, even those who may never nurse again in an official capacity can still be an influence for good by teaching sound health practices at every opportunity—as well as by participating in civil defense programs, fund raising for the local hospital, and similar community activities. Volunteers with nurse status are essential to the success of any health and safety movement.

Not to be overlooked are the rewards: By furthering the ideals of her profession, the nurse out of uniform wins more than the respect of her community; she derives an inner satisfaction in being able to say, with justifiable pride, "I am still an R.N." «»



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____College
____Nurse

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____College
____Nurse

For full details, fill out this coupon today.

U.S. ARMY NURSE CORPS

"AGE OF ANXIETY"

continued from page 53

possibly lowered moral standards.

Other authorities, however, compare such moral and philosophical objections to the arguments that were used against anesthesia when that boon to humanity was introduced in the last century. They deny that safe tranquilizers, taken for temporary relief of tension, will make people irresponsible, overly contented, or amoral. Despite newspaper references to "happiness pills," these drugs do not produce euphoria, but merely diminish excessively fearful responses to situational stress. Consequently, instead of doing less work, people previously too crippled by irrational worry and anxiety to function efficiently may become more productive when their creative talents are set free by "peace of mind" drugs.

Most doctors seem satisfied that the new drugs are fulfilling a useful function; all agree, however, that they should not be prescribed promiscuously. Unfortunately, patients often put pressure on doctors to give them "wonder" drugs they have read about in the lay press; and doctors may yield to such demands rather than have patients resort to self-medication with potentially dangerous drugs now being promoted for "tranquilizing tension."

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for the milk-allergic infant...

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*Rowe, Albert, Jr. and Rowe, Albert H.: Cal. Med. 81:279 (Oct.) 1954

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Levin, S.J.: *Pediat. Clin. North America* 1:975, Nov., 1954.

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The NTZ plastic squeeze bottle is pocket size, unbreakable and leakproof — sprays a fine, even mist.

- **Rapidly Effective**
- **Prolonged Relief**

NTZ permits the patient to breathe again, promoting aeration and proper sinus drainage. There is usually no congestive rebound — virtually no side effects. Patients may use it repeatedly without loss of effect.

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when he smokes too much . . .

Whenever indigestion results from habitual overdoing in any form (excess of cigarettes or alcohol, dietary indiscretion, nervous tension), symptoms can be quickly alleviated night and day with Gelusil and the new formulation Gelusil-Lac.

To avoid daytime distress: Gelusil provides the sustained action of magnesium trisilicate and specially prepared aluminum hydroxide gel to restore and maintain gastric pH within normal range. Because it does not overneutralize or alkalize, Gelusil avoids the twin dangers of acid rebound and systemic alkalosis.

To prevent middle-of-the-night attacks: In Gelusil-Lac, the proven antacid action of Gelusil is combined with sustained buffering effect of specially prepared high protein (low fat) milk solids to prevent gastric pain at night.

Nonconstipating: The specially prepared aluminum hydroxide component in Gelusil has a low order of chemical activity. Thus formation of astringent —and constipating—aluminum chloride is minimal.

Dosage: 2 Gelusil tablets or 2 teaspoonfuls Gelusil liquid two hours after eating or when symptoms are pronounced. Each tablet or teaspoonful provides: 7½ gr. magnesium trisilicate and 4 gr. aluminum hydroxide gel. Gelusil-Lac: At bedtime, one heaping tablespoonful stirred rapidly into one-half glass (4 fl. oz.) of cool water. (Provides equivalent of 4 Gelusil tablets.)

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bombardment by a barrage of literature fostering the notion that certain pharmaceutical products can be prescribed as a "crutch" against every minor annoyance encountered in daily living. Such claims are sometimes made for drugs no different from ordinary sedatives; some companies apparently are of the opinion that any drug with central depressant activity sells better today when offered as a tranquilizer.

The conduct of clinical research on new drugs is always full of pitfalls; but evaluation of drugs affecting the behavior of nervous patients is especially difficult. The attitudes of doctor, patient, and nursing staff make over-enthusiastic results almost inevitable. The investigator often tends toward excessive optimism in his eagerness to see improvement: the patient responds gratefully to the attention of the nursing staff and suspects that he is getting a new "miracle" drug. Since many patients have nothing organically wrong, or show symptoms essentially psychosomatic in origin, subjective improvement of a temporary nature is quite frequently noted.

Even the marked changes in behavior brought about in psychotics by the more potent tranquilizers may be misleading. Some psychiatrists assert that there is no real evidence that the new drugs are more effective in the long run than less dramatic therapies. Psychodynamically oriented psychiatrists claim that, as with other somatic treatments (such as electro-shock and insulin coma), the initial improvement may not be maintained by most patients.

The tranquilizers have already proven useful in various ways; their greatest value, however, may lie in the increased research they have stimulated, especially on the biochemical basis of schizophrenia. Such research may well lead in the future to a truly specific drug treatment for mental illness. «»

SURPRISING *gains are reported in the recruitment of dental hygienists since 1948. At that time, the U.S. had less than 1,000 young women training to be hygienists; today, the figure is close to 2,000.*

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FOOD FALLACIES

continued from page 57

"Lettuce and cucumbers are cooling foods."

"Orange first thing in morning cures dyspepsia."

"Lemons cause acid stomach."

"Egg whites are injurious to the kidneys."

"Eggs are more digestible raw than cooked."

"Milk causes indigestion because of the curd in the stomach."

"Spinach has a direct effect on the kidneys."

"Beet sugar makes apoplexy."

"Meat produces mental and physical energy."

"High meat diet makes people fierce and warlike."

"Vegetarian diet leads to a greater state of health and to greater endurance."

"Tomatoes clear the brain; are a tonic for the liver."

"Onions will cure a cold."

In the opinion of competent scientists, there is generally little or no foundation for a belief in the special efficacy of special foods. Much of what we eat is more or less interchangeable so far as food value is concerned, and the tissues take up whatever nutritive elements they need from the blood stream, the common reservoir to which all foods contribute essential substances via body chemistry.

Thus, specific foods do not build specific tissues. True, fish contains phosphorous compounds, and nervous tissue is rich in phosphorus; but meat, poultry, eggs, and milk are also phosphorus-rich; moreover, many other elements besides phosphorus are needed to build nervous tissue. How celery, which contains little phosphorus, became known as "a nerve tonic" is a mystery.

Raisins contain iron—but so do many other foods, including meat. As to certain foods being "cooling," or stimulating to specific organs, such legends are obviously nonsensical—especially when various versions contradict each other, as they often do.

About "acid stomach": The stomach normally secretes a diges-

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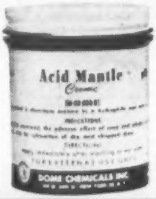

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selected platelets make a select powder

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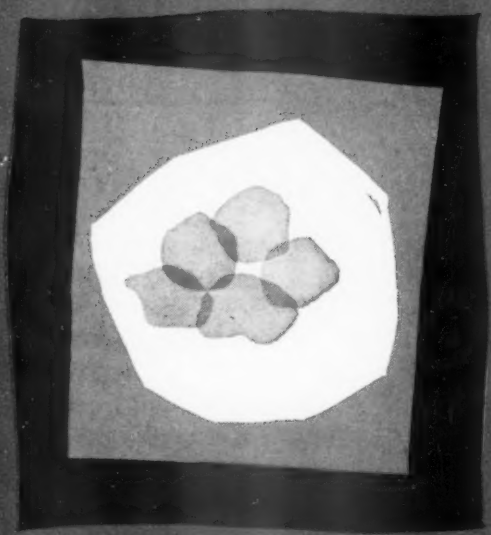

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tive fluid that contains hydrochloric acid—which is many times more strongly acid than lemons. If our stomachs weren't normally acid, conditions would be very unfavorable for digestion.

Eggs are slightly more digestible cooked than raw. As far as milk is concerned, normal persons digest it without difficulty; the milk curd in the stomach results from the action of rennin, the enzyme necessary for its digestion. Milk has no relation whatever to either cancer or syphilis. Cerebral-vascular accidents have never been known to be caused by beet sugar; it is digested like any other carbohydrate.

There is no reason why most people should not eat meat in moderate amounts—though it is not necessary to eat "muscle tissue" to build muscle any more than to drink blood to renew our blood supply. The idea that meat diets are dangerous is erroneous. There is little evidence, if any, that the kind of food eaten influences the mental or moral traits of a people. The Eskimos, whose diet is rich in animal food, are good-natured and peaceful. Of course, if the diet of a nation is deficient in nutritive essentials—as a vegetarian diet is apt to be—that nation's people will naturally degenerate physically; and being thus weakened, will almost certainly have less initiative and a lowered morale.

As a result of food fads and fallacies, commercial and otherwise, sane advice about diet has been discredited. Only through education and widespread knowledge of the human body's nutritive requirements can the immoderates be stilled and the health of our country progress. «»

ARTHRITIC *sufferers seeking information about self-help devices may now be referred to a newly established office at the Institute of Physical Medicine and Rehabilitation, New York University-Bellevue Medical Center, 400 East 34th Street, New York, N. Y. The office, financed by a grant from the Arthritis and Rheumatism Foundation, may be consulted without charge by mail, telephone, or personal visit.*

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D'ARMIGENE PROFESSIONALS R.N. 2
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continued from page 59

terly and recommending currently needed items, are also among the chief nurse's responsibilities at the clinic.

In addition, Mr. Speziale assists when needed in the various clinics, conducts audiometric tests, attends to the taking of EKG's, works closely with the physician in charge of the industrial hygiene program, handles numerous reports and records, and devotes as much time as possible to the instruction of staff personnel in a variety of techniques associated with the use of equipment. Among other subjects, such instruction may cover audiometry, electrocardiography, hydrotherapy (including use of whirlpool tanks), aerosol and oxygen therapy, diathermy, operation of a portable x-ray and development of films, and the use of vision-testing apparatus.

One of the more important requirements for almost any nursing job in Mr. Speziale's part of the world is a knowledge of Spanish—a language which the chief nurse learned by three years of night study at a New York City high school and which he now speaks fluently, along with English and the Italian that his Italy-born parents taught him. He also has a working knowledge of Polish.

"Anyone who is going overseas to work should make it a point to learn all he can of the manners, mores, and morals of the people he

a credit to the profession Nurses know they can depend on Unicap vitamins to measure up to the highest standards of their profession. That is why, over the years, Unicap has been "first in mind" with registered nurses.

Unicap contains all vitamins known to be essential, including B_{12} and folic acid, in small, easy-to-take capsules. They are economical, and the formula meets or exceeds the recommendations of the Committee on Therapeutic Nutrition of the National Research Council for a daily vitamin supplement.

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The Down Side Up Duck

The chicks and dogs and ponies too
May seem to be wrongside to you.
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Much easier for the child to see.

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is going to work with," advises the chief nurse. "I think that is very important—even more important, sometimes, than knowing the native language."

Forty-seven, married, and the father of four children, Mr. Speziale is a native of Dunkirk, N. Y., and a graduate (class of 1942) of the Mills School of Nursing for Men, an affiliate of Bellevue Hospital in New York City. Following his graduation, he had eight years' experience in outpatient clinics at Bellevue, with time out for completion of a six-months' course in industrial safety and accident prevention. He joined the Lago organization in 1950, serving first as a clinic nurse in the Aruba dispensary, later as supervisor, and since July 1953 in his present post as chief nurse.

Mr. Speziale's trips to this country are invariably related to his professional interests. In the summer of 1954, for example, he spent six weeks studying office audiology at Northwestern University in Evanston, Ill.; and last year he made the long trek north to represent his company and to deliver an address (part of which is incorporated in this article) at the annual convention of the American Association of Industrial Nurses.

Two of his three main interests are apparent: his family and his job. The third—revealed here only after considerable research—has something to do with niblicks, mashies, putters, and a little white ball. «»

Summer Therapy in PSORIASIS

The eruptions of psoriasis may disappear in the summer, to reappear in the winter (Madden[1]). According to Morris[2], "the best security against relapse is the completest possible removal of all remnants of the disease."

To avoid recurrence in the fall, psoriasis should be treated intensively with RIASOL all summer. Treatment should be continued until every patch, papule, scale and "bleeding point" has been eradicated.

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[1] *Minnesota Med.* 22:381, 1939.
[2] *Brit. M. J.* 2:1328, 1954.

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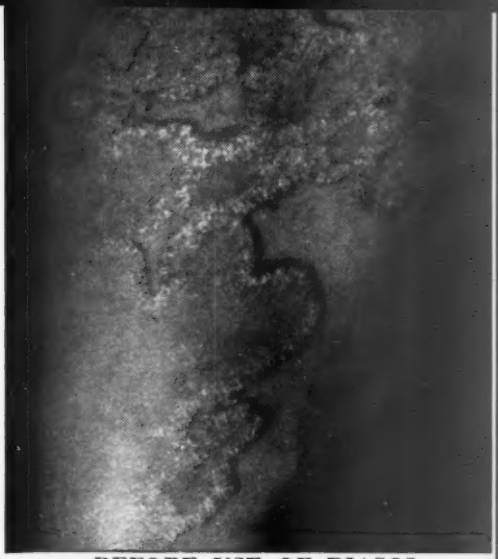

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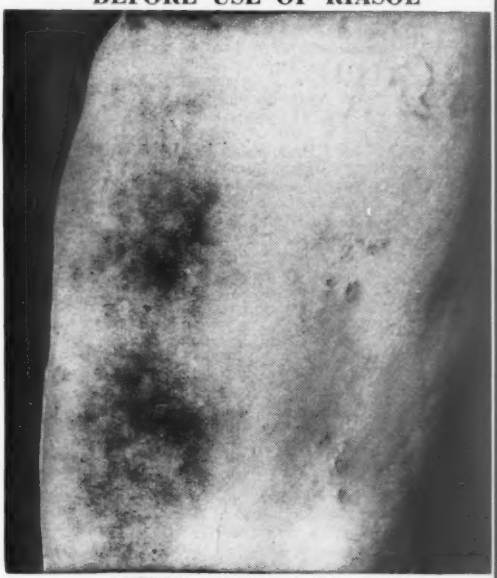

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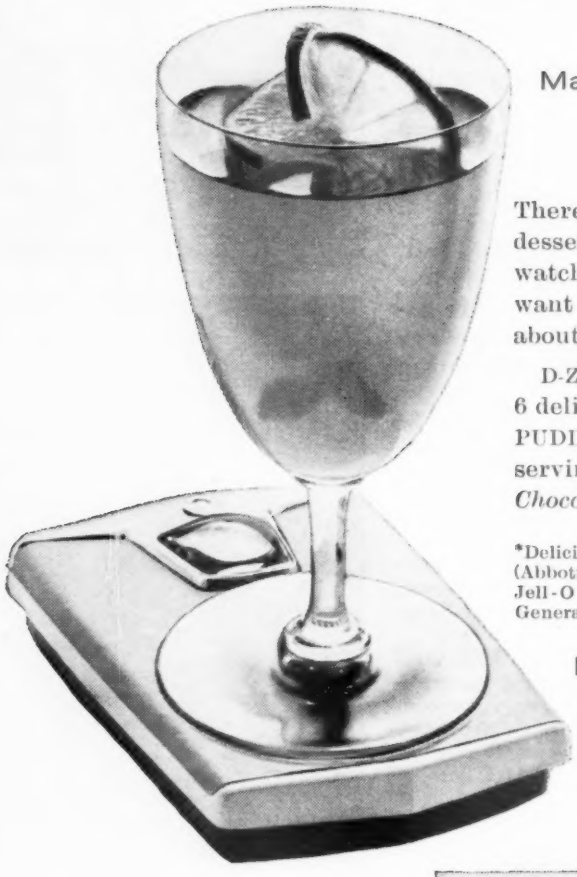

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ADMINISTRATORS: (a) 40 bed modern hosp, opens Oct. Picturesque Allegheny Mt. $6000. (b) Childrens hsp, 60 beds, leading SW oil center, top salary. RN7-1 Burneice Larson, Medical Bureau, 900 N Michigan Ave., Chicago, Ill.

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ANESTHETIST NURSE: 114 bed fairly new general hospital, salary open, usual perquisites, 3 in dept., minimum of call backs. Write R. R. Hobart, Administrator, Coffeyville Memorial Hospital, Coffeyville, Kans.

ANESTHETIST-NURSE: 60 bed general hospital, new building, modern equipment, western Wisconsin, college town. Vacation, sick leave, retirement plan. Apply to H. C. Guntner, Manager, Memorial Hospital Menomonie, Wis.

ANESTHETIST: 2 positions, 1 surgery & 1 obstetrics, salary range $465-510, liberal benefits, employer paid hospitalization, vacations & sick leave. Refer to Personnel Dept., Sutter Community Hospitals, Sacramento, Calif.

ANESTHETISTS: (a) Well estab anes. grp, college twn, MW. To $8400. (b) Chief, 4 nurses, 4 M.D.'s on staff, lge gen hsp most ideal southern Fla. resort city. $6000 up. (c) Staff, gen hsp, Hawaiian Islands, near beaches, to $5700, transportation arrangement. (d) Sole responsibility for service 50 bed hsp, excellent financial arrangements, nr Pittsburgh. (e) 2, 85 bed hsp, Great Northwest timber, salmon area, nr leading univ city. $7200 start. RN7-2 Burneice Larson, Medical Bureau, 900 N Michigan Ave., Chicago, Ill.

ASS'T DIRECTOR IN EDUCATION: For long-established public health nursing agency providing city-county-wide generalized program. Liberal personnel policies. Salary open. Apply Director, Public Health Nursing Association, 120 SE 1st St., Evansville 8, Ind.

ASS'T DIRECTOR NURSING EDUCATION: For School of Nursing, temporary accreditation and college affiliation for Biological Sciences. 130 bed hosp and 65 student nurses. Class of 25-30 yearly. Assist with guidance to teacher activities, organization of curriculum and student progress. In attractive Northwest city with opportunity to attend State Teacher's College. 40 hr 5 day wk, liberal personnel policies. Salary open depending upon experience and educational preparation. B.S. Degree required and experience in working with rotation and teaching curriculum. Box SJH-1 c/o R.N. Magazine, Oradell, N. J.

ASS'T DIRECTOR NURSING SERVICE: 115 bed gen hosp, expanding to 242 beds, in Chicago suburb. No nursing school. Approved JCAH. Degree and Nursing Administrative experience req'd. 4 wks annual vacation, good personnel policies. Salary open. Apply Director Nursing Service, Ingalls Memorial Hospital, Harvey, Ill.

ASS'T DIRECTOR NURSING SERVICE: For 285 bed general hospital located near Philadelphia. Should have some administration experience, but to work primarily with inservice. Salary open depending on qualifications. Apply Director of Nurses, Chester Hospital, Chester, Pa.

ASSOCIATE DIRECTOR NURSING EDUCATION: 165 bed JCAH general hosp, additional 60 beds under construction, new educational unit, broad clinical facilities. 65-75 students, affiliated with local university. Master's Degree desired, will consider person with B.S. in Nursing Educ. and comparable experience. Good personnel policies. Apply Director of Nursing, Flower Hospital, Collingwood Blvd. at Cherry, Toledo 12, Ohio.

CLINICAL INSTRUCTOR: Formal and clinical teaching of pediatric nursing. 56 bed pediatric unit including premature nursery. 500 bed general hospital. School of nursing with enrollment of 100, NLN fully accredited. B.S. Degree and/or advanced preparation desirable. Salary based on preparation and experience. Liberal personnel policies. Write to Director of Nursing, Newark Beth Israel Hospital, 201 Lyons Ave., Newark 12, N.J.

CLINICAL INSTRUCTOR: In Obstetrical Nursing for both formal and clinical teaching. B.S. Degree and experience in teaching desirable. Faculty being increased. Liberal personnel policies. Salary dependent upon qualifications and experience. Admit 1 class a yr, 3 yr diploma program. 300 bed hosp, 89 students. Position open for immediate appointment. Apply to Director of Nursing, The Mercer Hospital, Trenton 8, N.J.

CLINICAL INSTRUCTOR IN MEDICAL-SURGICAL NURSING: And instructor in Operating Room Nursing for diploma program with 160 students. No nursing service duties. Very good personnel policies and stimulating and congenial working conditions. Write Director, School of Nursing, St. Luke's Hospital School of Nursing, Duluth, Minn.

CLINICAL INSTRUCTOR: In medical surgical nursing. For formal and clinical teaching. Degree preferred. Position available July. Salary commensurate with qualifications. Excellent personnel policies and very pleasant

working conditions. Apply Director of Nursing, Providence Hospital, Sandusky, Ohio.

COURSE IN ANESTHESIA: The Memorial Hospital, Danville, Va., offers a 12 mos course in Anesthesia for Graduates of accredited Schools of Nursing. Course is approved by the American Association of Nurse Anesthetists and consists of all modern techniques and agents. For information write to Miss Virginia L. DeMaio, R.N., Director, School of Anesthesia, The Memorial Hospital, Danville, Va.

DIRECTOR OF NURSES: 1550 bed mental hospital. Starting salary $5880 per yr for 40 hr wk, increasing to $7344. Merit raises, adequate vacation and sick time allowances, Social Security and retirement benefits. Attractive location, progressive staff. Apply to Frank Huddle, Personnel Director, Box 670, Marion, Va.

DIRECTOR OF NURSES: 50 bed hosp in a college town. Experienced. Salary accordingly. Also general duty nurses. Starting salary for general duty $300 per mo. For further information write Mr. Andrew Haughland, Administrator, Hillcrest General Hospital, Silver City, N. Mex.

DIRECTOR OF NURSES: Degree in Nursing Administration desirable but secondary to successful experience record as nurse executive. JCAH approved, 140 bed gen. hosp. Training school for Practical Nurses. Graduate Staff. Completely new 200 bed hospital under construction to replace present hospital. Excellent salary and living conditions. Apply to W. C. Walton, Administrator, Dixie Hospital, Hampton, Va.

DIRECTORS OF NURSING: (a) Dir. Nursing, small hosp Latin America, ability speak Spanish moderately. $6000, mtce. (b) Dir. Service and School, univ affil. 500 bed hosp with expansion program, near NYC. $10,000. (c) Dir. of Nurses, 120 bed modern hsp suburban Chicago, socially prom. board, congenial administration. Start $7200. (d) Dir. of Nurses, brand new air conditioned hosp, 40 beds, Mexican bordertown, good salary. (e) Dir. Nursing Serv., reorganization expansion prog, outstanding opportunity for capable executive nurse. $7000. San Francisco area. RN7-3 Burneice Larson, Medical Bureau, 900 N Michigan Ave., Chicago, Ill.

EDUCATIONAL DIRECTOR: Small school of nursing in 220 bed general hospital, Masters Degree desired. Will accept B.S. with experience. Also O.B. teaching supervisor. Positions open August 1, 1957. Apply Director of Nursing, P.O. Box 529, Orangeburg, S.C.

EDUCATIONAL DIRECTOR: To assist in initial planning for new professional school of nursing. Degree in nursing education, with experience in a working department required. 370 bed general hospital in resort community. Salary open. Liberal employee benefits. Apply Director of Personnel, Seaside Memorial hospital, 1401 Chestnut Ave., Long Beach 13, Calif.

EDUCATIONAL DIRECTOR: Masters Degree and experience in teaching desirable. Salary open, liberal personnel policies including 40 hr wk, all cash salary, Pension Plan in addition to Social Security and hospitalization. Living quarters available if desired. Admit 1 class a yr., 3 yr diploma program, 300 bed hosp, 89 students. Basic Sciences taught at NJ State Teacher's College. Position open May 1957. Apply to Director of Nursing, The Mercer Hospital, Trenton, N.J.

EDUCATIONAL DIRECTOR: Opening now. Master's Degree preferred. Roman Catholic preferred. Would like person with experience in the new type diploma or college degree programs. Salary $4800 to $6000, depending on experience and qualification. Midwest location. Apply Box SMH-1 c/o R.N., Oradell, N.J.

EVENING HOUSE SUPERVISOR R.N.: General 100 bed hospital in Iowa town (pop. 18,000) on Mississippi River. $327 per mo, 40 hr wk. $355 per mo if necessary to work 44 hr wk. House available. Low rent. Apply Director of Nursing, Graham Hospital, Keokuk, Iowa.

FACULTY POSTS: (a) Med-Surg. Instructor, new 4 yr college prog, West Mountains. $455 mo, academic yr. (b) Ped. Med-Surg. collegiate school, teaching only, No. Calif. $5100-$7600. (c) Chairman, Nurs. Educ. Prog. State college, $8000. (d) Psych, P.H., Ped. Instructors, college faculty status, $6000-7200, SW. RN7-4 Burneice Larson, Medical Bureau, 900 N Michigan Ave., Chicago, Ill.

GENERAL DUTY: 40 hr wk, 84 bed hospital, finest equipment, very liberal personnel policies and pleasant working environment. Must

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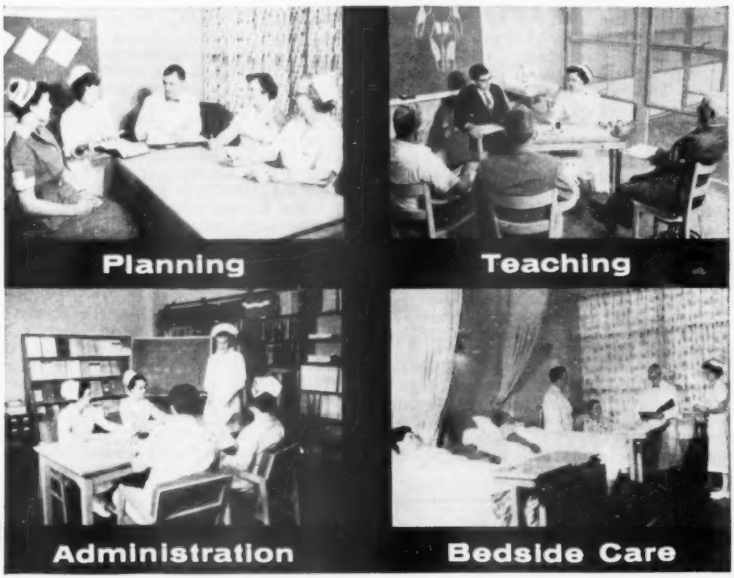
Nurses at Work in the Miners Memorial Hospitals



The medical care at the Miners Memorial Hospitals calls for nursing personnel who are resourceful, have administrative ability and are well prepared in terms of both experience and education. The unique physical facilities and centralized services enable the nurse to give her full time and energy to the care of the patient, either in the actual nursing of the patient or in directing and supervising those who give the care. Graduate nurses who have had preparation for greater responsibility will have an opportunity at the Miners Memorial Hospitals in teaching, in administration, in staff development, and in the various clinical fields. The coordinated system of ten hospitals is so organized that individuals and groups in the various hospitals may share experiences and work cooperatively on common problems, by field visits, workshops, conferences, and informal group meetings. Excellent personnel policies include a forty-hour week, 4 weeks paid vacation, and a no-expense retirement plan. Salaries for Team Leaders begin at the rate of $4860.

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be willing to rotate shifts. Salary range $302 to $411 monthly. Atomic Energy Project but not Civil Service. Write Director of Nursing Service, Los Alamos Medical Center, Los Alamos, N.M.

GENERAL DUTY NURSES: All shifts, all services, 384 bed hospital. Salary $325-$360 in 18 mos, $1.50 differential for eves, $1 for night service. Liberal personnel policies. Hospital within walking distance of Wayne State University. Apply Personnel Dept., Woman's Hospital, Detroit 1, Mich.

GENERAL DUTY NURSES: $360 per mo plus shift differential, 25 bed hosp, completely staffed by reg. nurses. Desert community (4000 pop.) of Trona, Calif., 175 mi NE of Los Angeles. Maximum age to 45. Low rental rates for furnished apartments. Liberal vacation and insurance benefits. Good recreational facilities and social organizations. Advantages of small community. Send resume and recent application photo to: Personnel Supervisor, American Potash & Chemical Corp., Trona, Calif.

GENERAL DUTY NURSES: 50 bed accredited general hospital, thriving village Catskill Mountains. Gross salary 272 mo. Pay wkly. Full maintenance available $12.50 wk, Social Security, other benefits. Apply Superintendent Nurses, Margaretville Hospital, Margaretville, N.Y. 'Phone 0501.

GENERAL DUTY NURSES: For 135 bed general hospital, organized medical staff, high quality services, pleasant surroundings. Comfortable living conditions in nurses home, excellent personnel policies. Apply Director of Nursing, John D. Archbold Memorial Hospital, Thomasville, Ga.

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GENERAL DUTY NURSES: 118 bed general hospital located in a beautiful residential section along the North Shore of Chicago. Starting salary $300 a month, bonus of $30 for evenings and $20 for nights. 40 hr. wk. Modern ranch style nurses' homes with attractively furnished private bedrooms. Contact Director of Nursing Service, Highland Park Hospital Foundation, Highland Park, Ill.

GENERAL DUTY NURSES: 50 bed approved hospital located in mountainous portion of Colo. College town. Salary $290. 40 hr wk, sick leave, vacation bonus. Contact Superintendent, Community Hospital, Alamosa, Colo.

GENERAL DUTY NURSES: California, near Sacramento, 80 mi to San Francisco, close to many outdoor activities. 64 bed general short term approved hospital. Nurses home available. Excellent working conditions and salary. Write Director of Nurses, Woodland Clinic Hospital, Woodland, Calif.

GENERAL DUTY NURSES: 120 bed hosp, southern Wyoming community of 12,000. Liberal personnel policies, 40 hr wk, starting salary $300 with a charge of $23 for full maintenance, additional $10 per mo for eve and night duty with regular increases. Surgical nurses starting salary $310 plus $5 per call after 5 pm. Nurses home recently redecorated and refurnished. Write Director of Nurses, Memorial Hospital, Rock Springs, Wyo.

GENERAL DUTY NURSES: Wanted immediately to work in new, modern hospital in area consisting of new faciliaies, town, restaurant, hotel and year around recreation. Excellent starting salary, paid hospital and surgical insurance plan and paid annual vacations. Extra shift pay, overtime and call our provisions. Attractive nurses quarters. Write William J. Born, Personnel Department, White Pine, Mich.

GENERAL DUTY NURSES: All shifts, all services, 466 bed hospital. Salary $300 base pay, $15 differential. Apply Cedars of Lebanon Hospital, 4833 Fountain Ave., Los Angeles, Ca if.

GENERAL DUTY STAFF NURSE: New and modernized 300 bed general hospital offers top salaries and opportunities to advance. Evenings $76.80-$89.60 per wk, nights $73.60-$86.10, days $64.00-$75.60. Openings in Medical, Surgical, Obstetrics, Pediatrics, Operating Rooms and Emergency Room. 40 hr wk, merit increases, liberal policies. On Long Island Sound, 45 mins to N.Y.C. Modern nurses residence and school. Apply Director of Nursing, Stamford Hospital, Stamford, Conn.

GENERAL DUTY STAFF NURSES: For eve and night duty, 40 hr wk, vacation and sick leave, salary daily rate, minimum earnings $342 per mo. Apply Director of Nurses, Englewood Hospital, 6001 S. Green St., Chicago 21, Ill.

GENERAL STAFF & OPERATING ROOM NURSES: For 370 bed approved general hosp. with intern and resident program. Pleasant resort city 21 mi. from Los Angeles. Starting salary $275 per mo with $15 merit increases at 6, 12, 24, 36 mos. 40 hr wk. Liberal employee benefits. Apply Director of Personnel, Seaside Memorial Hospital, Long Beach 13, Calif.

GENERAL STAFF NURSES: For all shifts. Modern suburban hospital, 20 mi from NYC. 40 hr 5 day wk. Salary $260 per mo, $25 bonus for 3pm to 11pm and 11pm to 7am. Excellent personnel policies. Apply Director of Nursing Service, Overlook Hospital, Summit, N.J.

GENERAL STAFF NURSES: 346 bed hospital, starting salary $325 per mo, $25 addition-

al for afternoon and nights, $25 additional for surgery. Tenure salary increase plan. Liberal vacation plan, 7 pd holidays, 40 hr wk, Social Security and liberal employee benefit program. Write to Personnel Office, Sutter Community Hospitals, Sacramento, Calif.

GENERAL STAFF NURSES: Because we are friendly people it is fun to work in the preferred department of a 200 bed JCAH general hospital enthralled in the extensive building program creating opportunity for advancement. Liberal personnel policies include 40 hr wk, retirement plan, Social Security, pd hospitalization insurance premiums, cumulative 30 days sick leave, 2 wks vacation, 6 holidays, excellent meals at cost, cozy rooms at $20 per mo, in-staff educational program. Approximate initial salary eves $349, nights $343, days $325. Annual increase yearly approximates $215. High standard patient care maintained by nurses permitted to use professional preparations. Ideally located near Detroit with convenient transportation to make off duty hrs. interesting. For details write Director of Nursing. Wyandotte General Hospital, Wyandotte, Mich.

GENERAL STAFF NURSES: Positions open in all divisions of nursing service including specialties. Salary range $62.85 weekly to $74. Rotating shifts with differential of $25 monthly for 3-11 duty, $35 monthly for 11-7:30. 40 hr wk with liberal personnel policies, retirement plan and opportunities for advancement. Nursing Dept. has staff education program. Apply Director Nursing Service, St. Francis Hospital, conveniently located in city at 114 Woodland St., Hartford, Conn.

GRADUATE NURSE: New 32 bed gen hosp in central Iowa, 50 mi W. of Des Moines. Good starting salary with meal on duty and laundry of uniforms. Excellent working conditions; Social Security, Blue Cross and Retirement benefits. Apply to Administrator, Guthrie County Hospital, Guthrie Center, Iowa.

GRADUATE NURSES: For general duty, 75 bed general hospital, new air-conditioned, with modern equipment. Beginning salary $250 a mo with differential for eve and night duty and operating room nursing. Good personnel policies, 5 day, 40 hr wk, vacation, pd sick lv, holiday time. Located in beautiful central Florida. Apply Director of Nurses, Seminole Memorial Hospital, Sanford, Fla.

GRADUATE NURSES: Positions for those who either have or are willing to obtain Colorado registry. Floor duty, rotating shifts, uniform laundry and meals furnished, 2 weeks paid vacation and 7 days sick leave per year. 35 bed hospital in a growing community. Southwest Memorial Hospital, Cortez, Colo.

GRADUATE REGISTERED NURSES: For general staff duty, Medical-Surgical, Obstetric and Pediatric depts. 147 bed gen. hosp. 40 hr wk, annual pd vacation of 3 wks 1st yr and 4 wks thereafter, pd accumulative sick lv to 30 days, Social Security and Blue Cross benefits. Starting salary $255 for 7-3:30 shift with a $5 increase every 6 mos for 18 mos. $15 differential for 2:30-11 shift and $10 differential for 11-7 shift. 6 pd holidays per yr and $2 extra for every Sunday on duty. Apply to Director of Nursing Service, Lutheran Hospital, Sioux City, Iowa.

GRADUATE STAFF NURSES: Opportunities for nurses in 400 bed, well equipped teaching hospital. Experienced nurses start at $320 per mo days and $350 eves and nights. Room accommodations in attractive residence at

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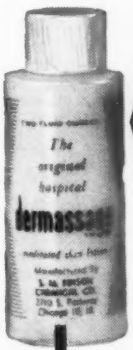

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reasonable rates. Convenient transportation to colleges and Loop. Write to: Director of Nursing Service, Dept. R.N., Mount Sanai Hospital Medical Center, 2750 W. 15th Place, Chicago 8, Ill.

HEAD NURSES: 48 bed accredited, air conditioned, exceptionally well equipped 5 yr old hospital. Salary $333 to $387, 40 hr wk, 8 holidays, Blue Cross, Social Security. Apply to: Alma P. Kauffman, R.N., Director of Nurses, West Side Hospital District, Taft, Calif.

HIGH CALIBER REGISTERED NURSES: We need good nurses interested both in latest scientific therapy and old-fashioned warm care of patients with cancer and allied diseases. Teaching and Research Center offers valuable experience. Adequate staff of top nurses maintained University-affiliated inservice education, access all NYC educational programs. Good basic preparation required, learn specialty here where patients receive active surgical-medical-radiation therapy. NOT a chronic disease hospital. Teachers College Learn-Earn Plan available for study-experience program on full salary. Staff Nurses day $300-340 mo, eve. $355-395 mo, nite $344-384, 4 wks vacation, 1½ pay for overtime. uniforms laundered, Blue Cross pd by Center. Housing agent helps you locate. Thelma Laird, R.N., Director of Nursing, Memorial Center, 444 E 68th St., NYC 21, N.Y.

SUTURE NURSES: Work with top nurses and surgeons. Oppty. experience in radical procedures. 5 day wk schedule. Teachers College Learn-Earn Plan now open to O.R. nurses combines study with experience at full salary. Good basic preparation needed, learn specialty here. $300-340 mo plus ½ pay for on-call hours. 4 wks vacation, other benefits. See our ad "High Caliber Registered Nurses" above. Thelma Laird, R.N., Director of Nursing, Memorial Center, 444 E. 68th St., New York 21, N.Y.

INDUSTRIAL-CLINIC: (a) 2 staff, industrial mining corporation hosp, company owned golf, tennis. $4000, complete mtce, West Mountains. (b) EENT Clinic, excellent metro. location, 5 days M-F, $350, mtce, exceptional living qts. Good opport. further schooling. RN7-5 Burneice Larson, Medical Bureau, 900 N Michigan Ave., Chicago, Ill.

INSTRUCTOR IN NURSING ARTS: B.S. Degree and experience in teaching desirable. Salary dependent upon background and experience. Liberal personnel policies. Admit one class a year. 3 yr diploma program. 300 bed hosp, 89 students. Position open. Have full time ass't instructor in this area. Apply to Director of Nursing, The Mercer Hospital, Trenton, N.J.

INSTRUCTOR, NURSING ARTS: New 300 bed hospital located in Northern New Jersey now under construction, opening June 1, 1957. Approximately 30 mins. from NYC. Attractive personnel policies. Write stating education and experience. Box B-140 c/o R.N., Oradell, N.J.

INSTRUCTORS, CLINICAL, MEDICAL & SURGICAL: Excellent opportunity for qualified individuals. Avail yourself of the opportunity of working in a brand new 312 bed hospital located in New Jersey, only 30 mins. from NYC. Attractive personnel policies. Write stating education and experience. Box A-140 c/o R.N., Oradell, N.J.

LABORATORY & X-RAY TECHNICIAN: Male or female. ASCP req'd. Salary open, 40 to 48 hr wk as desired, 2 wk yearly vacation, sick lv. New small hosp. in mining town. Altitude 4000 ft. Low rental housing units, unfurnished. Employment for spouse usually available elsewhere in vicinity. Excellent school. Write Administrator, Bagdad Hospital, Bagdad, Ariz., stating salary desired.

MEDICAL-SURGICAL SUPERVISOR, ADMINISTRATIVE: 500 bed voluntary hospital. 10 miles from NYC with direct transportation to Times Square in 35 minutes. Universities and colleges available both in NY and NJ for further education. B.S. Degree and/or satisfactory experience in supervision preferred but will consider a person with satisfactory experience working towards a degree. Salary dependent on education and experience. 40 hr wk, 8 holidays with full pay, 4 wks vacation yearly, liberal sick leave. Write to: Director of Nursing, Newark Beth Israel Hospital, 201 Lyons Ave., Newark 12, N.J.

NEW STAFF GROUP LEADER POSITIONS: Beginning salary $4080 or $4525 depending on experience. Inquire Personnel Practices and Opportunities. Director of Nursing, D.C. General Hospital, Washington 3, D.C.

NIGHT DUTY NURSES: New medical, surgical and pediatric units need night nurses. Progressive personnel policies. Location on North Shore of Boston, near beaches. Modern facilities with which to work. Direct inquiries to Director of Nurses, Beverly Hospital, Beverly, Mass.

NURSE: Operating room, experienced, 200 bed tuberculosis hospital. Maintenance provided. Send complete resume to Mrs. Huegel, Eagleville Sanatarium, Box 45, Eagleville, Pa.

NURSE ANESTHETIST: Proficient in sodium pentothal and nitrous-oxide oxygen in oral surgical office in New Jersey. Interview for details, reply to "Oral Surgery" c/o R.N. Magazine, Oradell, N.J.

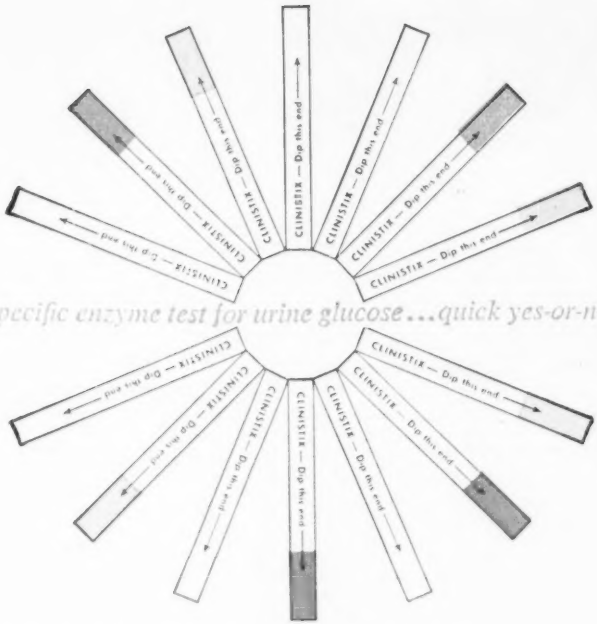
NURSE ANESTHETIST: Opening in leading mid-west hospital. Send qualifications and other pertinent information with first letter. High Salary. Apply Box FC-1 c/o R.N. Magazine, Oradell, N.J.

NURSE-ANESTHETIST: (2) needed for obstetrical anesthesia in centrally located, modern approved teaching hospital. Monthly starting salary for 40 hr wk is $450 with regular increases, holiday pay, sick leave and vacations. Medical Director, Woman's Hospital, Detroit 1, Mich.

NURSE SUPERVISOR FOR OBSTETRICAL SERVICE: Experience desirable but not necessary. Sick lv and annual vacation. Retirement benefits available. Salary open. Apply Administrator, Robinson Memorial Hospital, Ravenna, Ohio.

NURSES: Vacancies, VA Hospital, 2116 beds, psychiatric, 50 miles from Columbus, 3 mo. orientation, continuous inservice education. Minimum salary $4025, yearly increase $105, 30 days vacation, 15 days sick lv, 8 holidays. Friendly, free atmosphere. Write Chief, Nursing Service, VA Hospital, Chillicothe, Ohio.

NURSES: Registered, for modern psychiatric hospital in Greens Farms, Connecticut, 1 hr from New York. Hall-Brooke nurses have 8 hr duty, optional 5 or 6 day wk, nicely furnished private rooms, excellent salary, 7 pd holidays annually, or equivalent, sick lv, vacation, minimum 2 wks, maximum 4 wks dependent on length of service, profit sharing plan, psychiatric experience not necessary. Registered or eligible in State of Connecticut. Apply Mary R. Walsh, R.N., Directress of Nursing, Hall-Brooke, Box 31, Greens Farms, Conn. Tel. Westport—Capital 7-5105.



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NURSES: Gen. hosp., experienced O.R. 7-3. Gen. staff 3-11 & 11-7. Apply Director of Nurses, Newton Memorial Hosp., Newton, N.J.

NURSES: Graduate, registered, staff, inservice education, liberal personnel policies, rotating shifts. Located near Gulf. Social Security and retirement plan available. Starting salary $300. Apply Nursing Supervisor, Polio Center, 1801 Buffalo Drive, Houston 3, Tex.

NURSES: General duty, 236 bed hospital, 30 mi from NYC. Apartment-style residence. Good salaries, free benefits and pension plan. Modern hospital. Write Director of Nursing, Morristown Memorial Hospital, Morristown, N.J.

NURSES: Professional and practical. Florida registration req'd. Attractive Tuberculosis hospital near ocean, 10 mi from West Palm Beach. Living accommodations in motel type Nurses' Home available. Write Director of Nursing, Southeast Florida Tuberculosis Hospital, Lantana, Fla.

NURSES: We, an expanding 224 bed nonsectarian gen. hosp., JCAH approved with temporary NLN Accredited School of Nursing, located near Stewart Field Air Base and West Point. I hr from NYC and half hr from resort areas have the following to offer you: Openings at all levels with differentials for eve and night study, bonus for OR call, 40 hr wk, Social Security, cumulative sick lv., half Blue Cross premiums pd by hosp, 7 pd holidays, low cost cafeteria, regular merited increments, educational subsidies, social and advancement opportunities, excellent personnel policies, in-service education, health prog., friendly cooperative working relations and conditions; air-conditioned operating room and recovery room, democratic philosophy and constant improvements in physical plant, equipment, personnel policies and nursing care. We are interested in you. Contact Director of Nursing, St. Luke's Hospital, Newburgh, N.Y.

NURSING ARTS INSTRUCTOR: B.S. Degree req'd, M.S. preferred. Teaching experience req'd. 398 bed university affiliated JCAH hospital. NLN fully accredited diploma program with enrollment of 150 studnnts. Liberal personnel policies. Apply Director of Nursing Education, Mount Sinai Hospital, 1800 East 105th St., Cleveland 6, Ohio.

NURSING ARTS INSTRUCTOR: For school with approximately 50 students. Good salary, excellent personnel policies. B.S. Degree required. Very pleasant working conditions. Position open July 1. Apply Director of Nursing, Providence Hospital, Sandusky, Ohio.

OBSTETRICS SUPERVISOR: Administration of dept. and assist Obstetrician in teaching OB course once a yr. 130 bed hosp in attractive progressive Northwest city of 28,000. College in the town affords cultural advantages. School of Nursing temporarily accredited, 65 students. 5 day 40 hr wk, liberal personnel policies for qualified person. B.S. Degree and experience required. Salary open depending upon your experience and educational preparation. Box SJH-2 c/o R.N. Magazine, Oradell, N.J.

OPERATING ROOM NURSE: For 150 bed gen hosp with 3 OR's and 1 cystoscopic room. Excellent salary with full maintenance, 40 hr wk with 2 wks vacation with pay after 1 yr, and 3 wks vacation with pay after 2 yrs, plus 8 pd holidays per yr and 6 days sick lv. Beautiful nurses' home with all private rooms nicely furnished, located approximately 35 mi from NYC, served by DL&W RR and Greyhound Bus Line. Apply Dover General Hospital, Dover, N.J. Attn: C. T. Barker, Director.

OPERATING ROOM NURSE, NIGHTS: Immediate opening, 40 hr wk, 2 wks vacation, sick lv, Blue Cross-Blue Shield, room in new nurses home if desired, good personnel policies. Start at $330 per mo with increments. Also position open for scrub nurse days. Other general duty positions open, all depts, all shifts. Write Nerbert F. Gumbinger, Personnel Director, St. Therese Hospital, Waukegan, Ill.

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OPERATING ROOM SUPERVISOR: 100 bed gen hosp, 44 hr wk, post graduate course desired, sick lv, vacation, salary open. Apply Box ASBH-1 c/o R.N. Magazine, Oradell, N.J.

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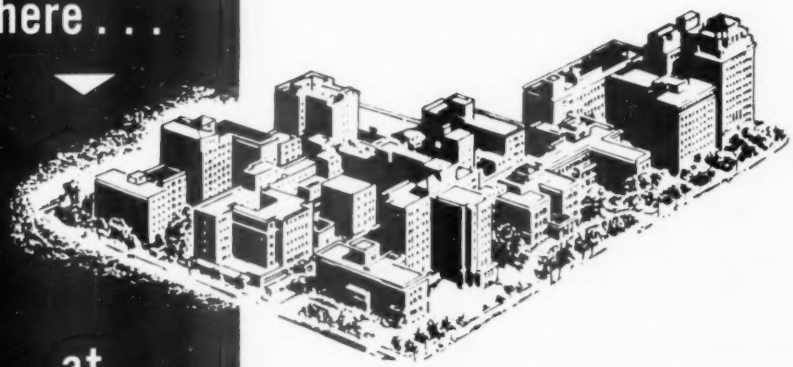

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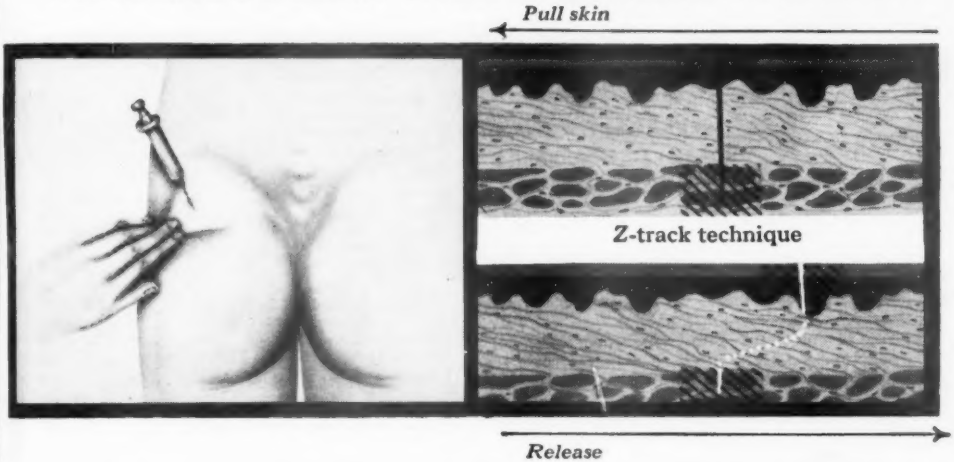

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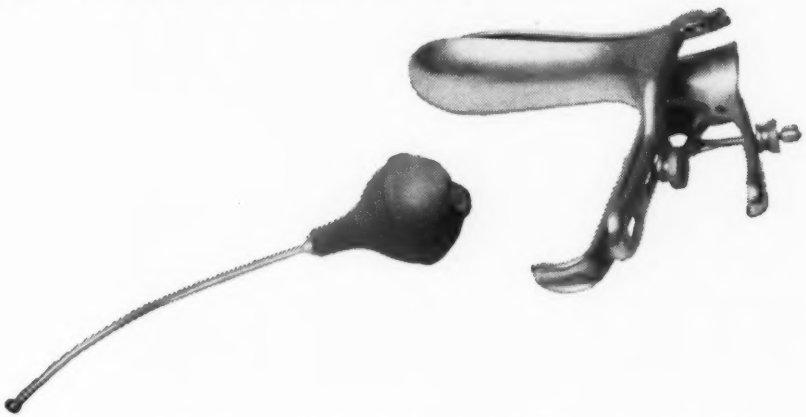

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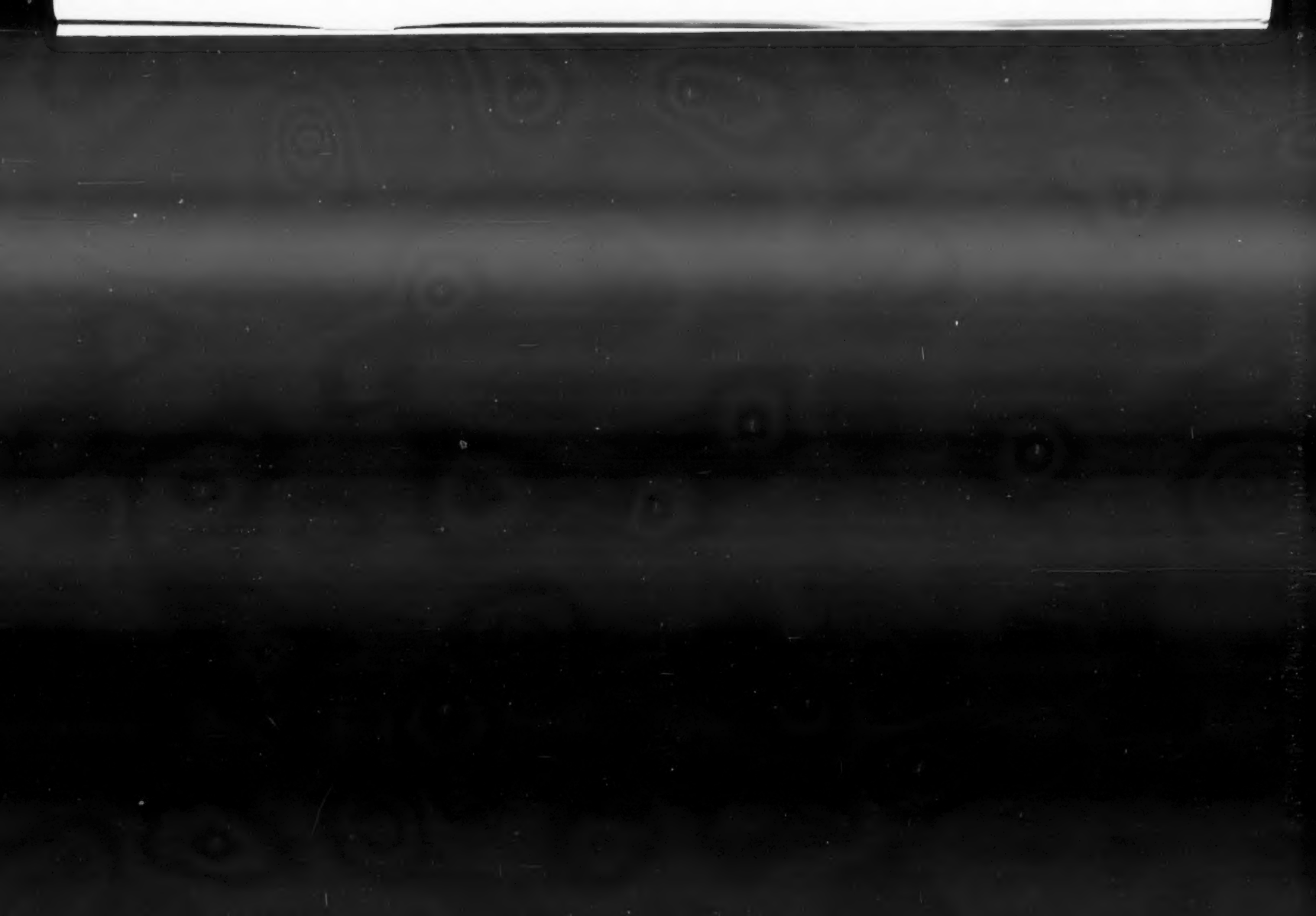

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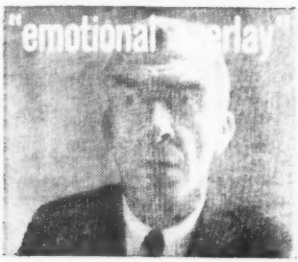

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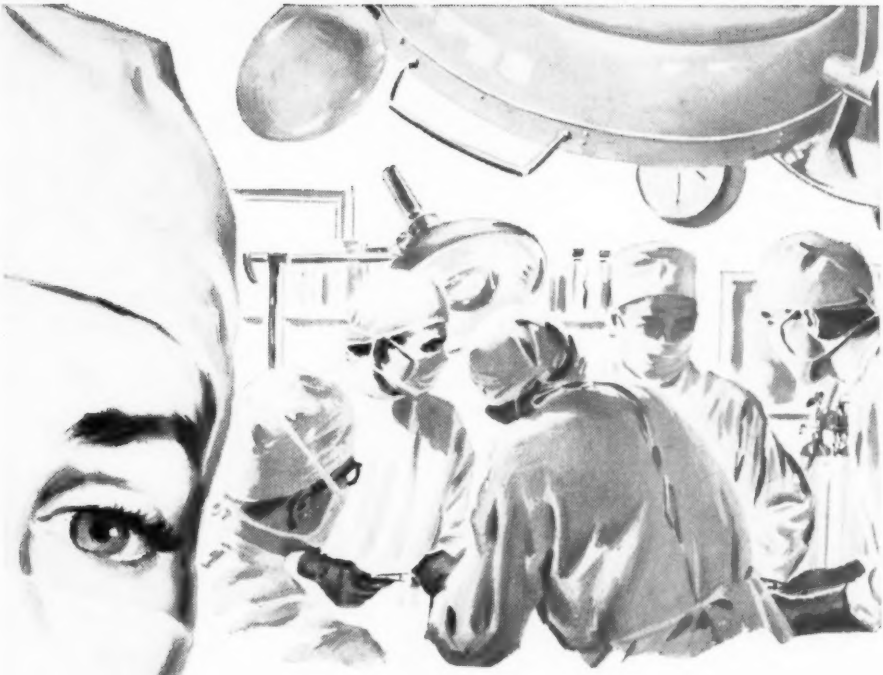

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